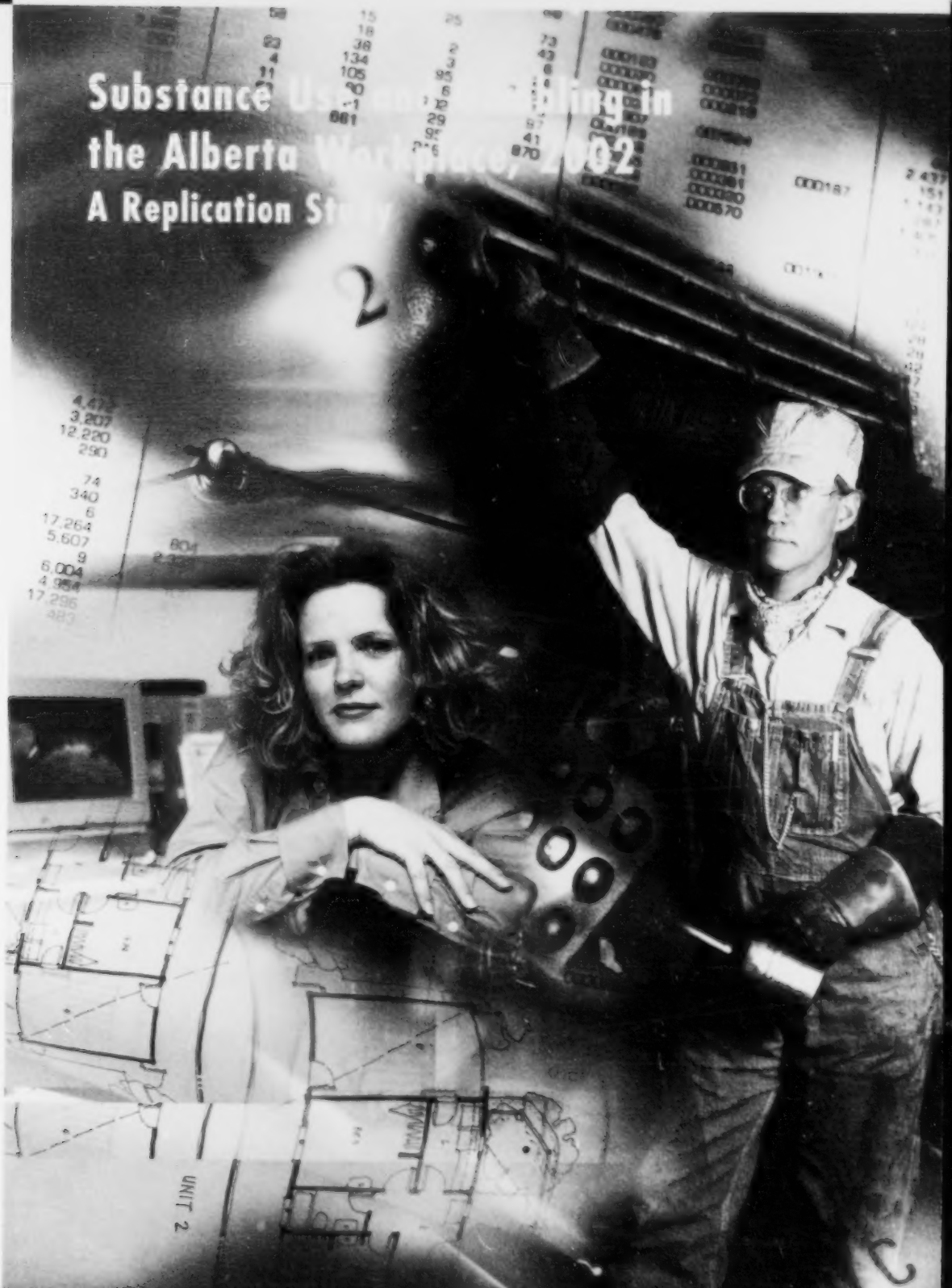
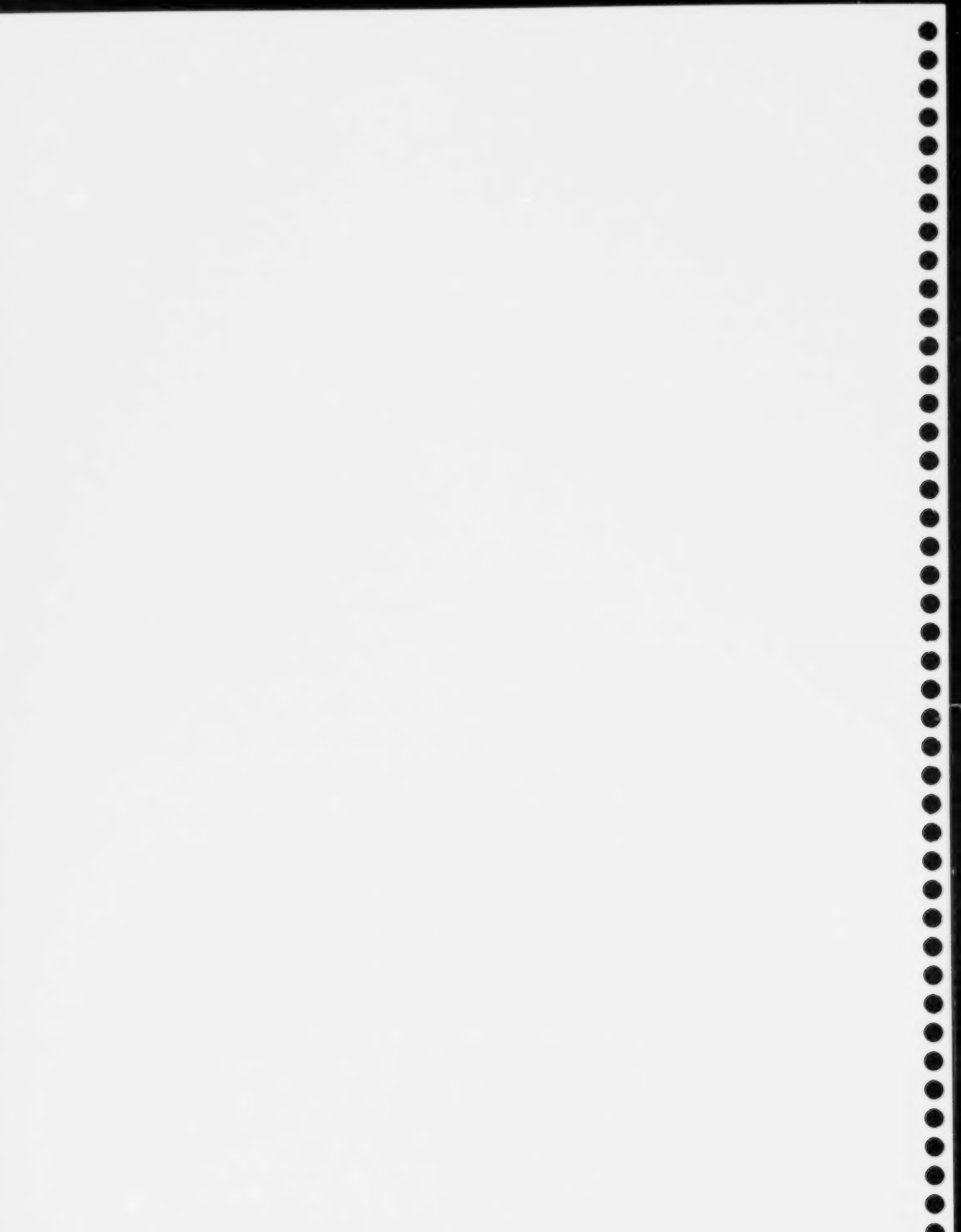


TECHNICAL REPORT

Substance Use and Smoking in the Alberta Workplace, 2002 A Replication Study





ACKNOWLEDGEMENTS

Substance Use and Gambling in the Alberta Workplace, 2002: A Replication Study was prepared by R.A. Malatest & Associates Ltd. under the guidance and direction of the Advisory Committee, with the assistance of Robert Williams, Associate Professor School of Health Sciences, University of Lethbridge and David Hodgins, Professor of Psychology, University of Calgary.

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The assistance provided by the Advisory Committee is gratefully acknowledged.

EXECUTIVE SUMMARY

The results of this study suggest that substance abuse remains an issue in Alberta workplaces. Summarized below are the key findings associated with the current study.

Prevalence and incidence of alcohol and illicit drug use in the workplace has remained relatively unchanged since 1992.

Overall, the results of the study suggest that alcohol and drug use among Alberta workers has remained relatively unchanged. For example,

- the proportion of Alberta workers who reported that they had consumed alcohol within the last 12 months in 2002 (81%) was virtually unchanged from that of 1992 (80%); and
- there has been a slight increase in the proportion of workers who reported using illicit drugs (from 6% in 1992 to 10% in 2002) in the last 12 months.

While the proportion of workers who drink has remained unchanged, the profile of drinkers has changed.

Compared to the 1992 results, it appears that among those individuals who do drink, there has been a shift from occasional drinkers (those who drink two to four times a month and never drink more than 4 drinks on a typical day of drinking) to infrequent drinkers (those who drink once a month or less and never drinking more than 4 drinks in one day). In 1992, approximately one in three (34%) workers could be characterized as occasional drinkers and 19% were infrequent drinkers. In 2002, a lower proportion of workers were occasional drinkers (26%) but a higher proportion were infrequent drinkers (27%). In all other drinker profiles (i.e., regular, moderate and very heavy drinker) the proportions have remained unchanged from that of 1992.

It appears that Alberta worksites are characterized as being "alcohol-free."

Relative to the 1992 study, it appears that there has been a marked decline in the availability of alcohol in the worksite. For example, the proportion of employees who reported that alcohol is permitted on premises at work declined from 56% in 1992 to 19% in 2002. It should be noted, however, that while alcohol availability in the worksite has declined, there has been an increase in the availability of alcohol and illicit drugs near the workplace.

- Compared to 1992 survey results, a higher proportion of workers reported alcohol being available near the workplace (56% in 1992 and 61% in 2002).
- The proportion of employees reporting street drug availability near the workplace increased from 20% in 1992 to 26% in 2002.

Employers have curtailed the availability of alcohol at organization functions.

Overall, it appears that fewer employers are providing alcohol at organization functions. The proportion of employers who reported that alcohol was served at organization functions declined from 90% in 1992 to 75% in 2002. Similarly, there has been a significant decline in the proportion of employers who noted that alcohol was served at the organization's premises during special occasions (59% in 1992 compared to 48% in 2002).

Overall, it appears that employers were less concerned about the impacts of alcohol, drug use and gambling on employee performance.

Relative to the 1992 study, it appears that employers are less concerned about the impacts of employee alcohol, drug and/or gambling activities with respect to employee or corporate issues. The proportion of employers who reported that they were very concerned about the impacts on organization reputation, safety, and employee health declined across all categories. In 1992, more than one-half of employers were very concerned about the impact of employee alcohol/illicit drug use in terms of organizational image (51% of 1992 employers were very concerned about the impact), organization reputation (52%), and employee safety (45%). In the current study, the proportion of employers noting similar concerns about organization image (33%), organization reputation (34%), and employee safety (27%) were lower.

There are several possible reasons why employers were less concerned about the impacts of alcohol/drug abuse. Among these were

- increased availability of employee assistance plans to help employees cope with such problems; and
- perception/activities to reduce alcohol access in the workplace.

The prevalence of smoking is higher in some industries than in others.

With the exception of wholesale and retail trade, the percentage of smokers was higher than average for those industries where employees tend to work outdoors, namely construction (46%), upstream oil and gas (36%), and transportation (36%). These industries also tended to have lower than average incidences of formal policies related to tobacco use.

It appears that a significant proportion of workers use medications.

In 2002, new questions were added to the surveys to establish the incidence of prescription and over-the-counter drug use. Overall, it appears that a significant proportion of workers have used medications (88%) in the last 12 months.

A significant proportion of workers participate in some form of gambling.

In 2002, new questions were added to the surveys to establish the incidence of gambling. Overall, it appears that a significant proportion of workers have engaged in a gambling activity (66%) in the last 12 months.

Gambling issues are not perceived as a major issue among Alberta employers.

In general, only a low proportion (10% to 15%) of Alberta employers noted that they were very concerned with respect to the impact of gambling on organizational image, reputation, employee health and/or employee productivity.

Despite the reduction in employer concerns about the impacts of substance abuse and gambling in the workplace, there are still significant workplace costs.

Based on information provided by employees, it is estimated that the Alberta workforce missed almost 4 million hours from work or the equivalent of \$74 million due to lost production associated with gambling or the use of alcohol or illicit drugs. These lost hours do not include other costs such as health care costs, time lost due to accidents, or other costs associated with lost production or lost sales.

There is some opportunity to target programs/initiatives within some selected occupations and industries.

The results of the survey suggest that substance use/gambling prevalence vary by industry and occupation. For example, the construction industry tends to have above average rates of heavy smokers, at-risk drinkers and drug usage. It should be noted, however, that other industrial sectors are not immune from substance use issues.

Workers in high-risk categories do not always have support/programs available for them in the workplace.

There are some industries where there is a higher than average percentage of workers engaging in high-risk activities that do not have access to EAPs or MAPs. For example, in construction, 19% are considered at-risk drinkers and 17% are considered drug users. This is almost twice the average (10%); however, only 35% reported having access to an EAP or MAP.

Employee assistance programs appear to be an effective way of dealing with workplace substance abuse and gambling problems.

The availability of employee assistance programs (EAPs) has increased dramatically in Alberta workplaces. In 1992, 9% of employers reported the availability of an EAP while in 2002 more than one-quarter (28%) of employers surveyed noted that their employees had access to an EAP. In general, both employees (92%) and union representatives (83%) considered their particular EAP as an effective way of dealing with substance abuse/gambling issues. Of even greater importance, the individuals who would be considered most likely to use EAPs saw them as effective. For example, 92% of light, moderate or heavy drinkers thought that the EAPs would be effective in addressing drinking problems, and 86% of drug users were supportive of the effectiveness of EAPs with respect to drug use issues.

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SECTION 1: INTRODUCTION AND PROJECT RATIONALE

Research indicates that substance abuse and problem gambling take a toll in the form of depression, multiple addictions, stress-related physical ailments, family disruption and crime. These problems can burden the health care system, tie up the courts and ultimately prove costly to taxpayers and employers.

Employers recognize and deal with the impacts of problem gambling and substance abuse at the workplace on a daily basis. These impacts include, but are not limited to employee attendance, company productivity, company health care costs, safety at the workplace, and crime on the job. Since the strength of the Alberta economy is tied to the skills and productivity of the workforce, actions to deal with problem gambling and workplace substance abuse must be based on reliable and current information. Canadian employers often turn to information from the research community to assist them in both assessing and addressing safety problems associated with gambling or the use of alcohol or illicit drugs on the job.¹ Increasingly, Canadian companies are also using this information to support the development of comprehensive workplace policies² to reduce health and safety risks, and address potential legal liabilities.

The Alberta Alcohol and Drug Abuse Commission (AADAC) has made it an ongoing priority to understand alcohol, illicit drug and gambling use and abuse behaviours in the Alberta workplace. In 1992, AADAC commissioned a study³ that looked at prevalence, patterns of use and impact of alcohol, illicit drug and medication use in Alberta's workforce. The study was designed to assess the scope of the problem, and to assist in the development of appropriate preventive and remedial actions.

In the 1992 study, both literature search and focus group findings were utilized to develop three survey instruments, one for each of the following groups: Alberta workers, Alberta employers and union representatives. Each questionnaire contained a common set of core questions, plus questions used in prior Statistics Canada's Canadian National Alcohol and Other Drug Surveys (NADS). The 1992 study was completed with 2,007 employees of Alberta's workforce aged 16 years and older, 325 employers from organizations with 10 or more employees, and 43 union representatives.

¹ A Public Health Perspective on Gambling in Ontario, 2000

² Including liability for the actions of impaired employees in the course of their work, due diligence and responsibility around workplace safety, actions in response to possession or trafficking, and responsibilities with regard to employees with a disability, which in Canada can include dependency on drugs and alcohol.

³ Price Waterhouse (January 1992). *Substance Use and the Alberta Workplace: The Prevalence and Impacts of Alcohol and Other Drugs*. Edmonton, AB: Alberta Alcohol and Drug Abuse Commission.

1.1 PROJECT RATIONALE AND OBJECTIVES

The current study was designed as a replication and extension of the 1992 study of substance use in the Alberta workplace. As in 1992, the research examined the prevalence, type and frequency of alcohol, tobacco, illicit drug and medication use in Alberta's workforce, as well as looked at the demographic and occupational factors that affect substance use. The current research went beyond the 1992 study in that it examined the prevalence and impacts of gambling as well as additional questions relating to tobacco use within the workplace and workforce. To assist in the research, AADAC established an Advisory Committee that included government, business and labour representatives (representatives are listed in the acknowledgements).

Information collected in the study will be used in assisting employers, government and other stakeholders to develop reliable responses to workplace issues related to substance use and gambling and will guide the development of substance abuse prevention and treatment programs for Alberta workers. To facilitate the collection of actionable information, the key research objectives of the study were to

- estimate the extent of substance use and gambling in the Alberta workplace and identify factors that may contribute to alcohol/illicit drug and medication consumption, tobacco use and gambling;
- identify factors which may influence the prevalence of gambling and the use of alcohol, illicit drugs, medication, and tobacco within the workplace;
- explore the range and nature of perceived workplace impacts associated with the use of alcohol and illicit drugs by employees;
- record the perceptions of employers, employees and union representatives on the relative seriousness of these impacts across industry sectors and sub-industries in terms of work performance, workplace safety and health; and
- record respondents' perceptions on the availability, adequacy and desirability of responses and programs now in place to mitigate the impacts of substance use and gambling in the workplace.

1.2 BACKGROUND LITERATURE

In the planning phase of this project, a comprehensive search of the published literature was undertaken using electronic databases (ETOH, Psych Info, Canadian Centre on Substance Abuse, Medline) focusing on the period 1990–2003. The abstracts of the most relevant studies are contained in Appendix E of the Technical Appendix.

The vast majority of studies found in the literature search were conducted in the United States and focus on the prevalence of alcohol and other drug use problems among employees (e.g. Zhang et al., 1999). Although the results of these studies have limited relevance to the Alberta context, review of the methodologies proved useful in validating the approach planned for the current survey. A number of comprehensive review papers were also identified (Bush et al., 2001; Harwood & Reichman, 2000; Martin et al., 1994; Mullahy & Sindelar, 1998). These reviews

summarize information on epidemiology, negative effects, and the impact of policies and prevention and treatment efforts.

In summary, the typical effects of substance abuse include increased absenteeism, reduced productivity related to the after-effects of use (impaired concentration, hangover, withdrawal, fatigue), reduced productivity related to work time using or procuring substances, illegal activities, stress effects related to family members' or co-workers' substance abuse problems, and increased health care costs. One study indicated that frequency of work-related use of alcohol was unrelated to its physical availability but was related to permissive workplace attitudes (Ames & Grube, 1999). Workplace attitudes are affected by workplace policies and the degree to which policies are enforced (Ames & Grube, 2000). Certain personal characteristics are known to be correlated with workplace substance use: less education (Garcia, 1996), deviant lifestyles (Lehman & Bennett, 2002) and job dissatisfaction (Moore et al., 2000). Situational correlates associated with workplace substance use include: higher unemployment in the geographic area (Garcia, 1996), job-related stress (Grunberg & Grunberg, 1998), and verbal and physical workplace aggression (McFarlin et al., 2001).

The literature on prevention and intervention is primarily descriptive, providing information about employee assistance programs (e.g. Baranbender, 1993; Brummett, 1999; Gerstein et al., 1991) and alcohol and illicit drug testing procedures (e.g. Gerber & Yacoubian, 2002). One empirical evaluation of a brief, individualized alcohol abuse prevention program offered in a medium sized company was identified. Employees found the program engaging and reported less frequent drinking after six months compared with a control group (Anderson & Larimer, 2002).

Very little literature was found on the effects of gambling and tobacco use on the workplace. Ladouceur et al. (1994) surveyed a small group of problem gamblers in Québec who reported that their gambling was related to loss of productivity at work. Lesieur (1989) documented an increase in employee assistance referrals for gambling problems in New York State but noted that the majority also had substance abuse problems. Casino employees have also been identified as a group with a high prevalence of gambling problems (Duquette, 2000; Shaffer et al., 1999).

SECTION 2: RESEARCH METHODOLOGY

The 2002 replication and extension study was conducted to collect information on the prevalence, patterns of use and impact of gambling and the use of alcohol, tobacco, illicit drugs and medications on Alberta's workforce. The 2002 study was completed with 2,836 of Alberta's workforce aged 18 years and older, 755 employers from organizations with five or more employees, and 88 union representatives. Data for the workforce survey was obtained through telephone interviews with a random and representative sample of Alberta's working population. Employers and union representatives were initially mailed the surveys for completion. Telephone follow-up was then used to obtain the required number of survey completions from employers and union representatives. The detailed research methodology is described in the following section.

2.1 SURVEY DESIGN

The 2002 replication study employed the three survey instruments developed in 1992: the *Employee Survey*, *Employer Survey*, and *Union Survey*. They were modified to include additional questions on gambling and tobacco use. To keep the survey length manageable, so as to avoid affecting response rates, some questions from the original surveys were removed. The removal of questions was dependent upon whether or not the question had generated significant or interesting findings in 1992.

The longest survey, the *Employee Survey*, was divided into nine sections and respondents were selectively asked specific questions to maintain an average survey length of 15 to 20 minutes. All employees were asked sections pertaining to employment status, work environment, job factors, workplace issues, response options, demographics and two of the three following modules: alcohol, illicit drugs or gambling. Employers and union representatives were requested to complete all sections of their surveys.

For the *Employee Survey*, consumption measures for alcohol and illicit drugs were replaced with more current measures of alcohol and drug use. Alcohol consumption questions were replaced with the Alcohol Use Disorders Identification Test (AUDIT) and illicit drug consumption was measured with the Drug Abuse Screening Test (DAST). A similar measure, the Canadian Problem Gambling Index (CPGI) was used for gambling. The methods by which the three tests were used to develop drinker, illicit drug user and gambler profiles are fully described in Section 2.4, Data Analysis.

In all surveys, prevalence measures were standardized to reflect consumption in the last 12 months, across all substances, with the exception of tobacco, which was measured during the past month. In the 1992 surveys, prevalence measures for alcohol and drugs covered the last 12 months.

Surveys were also modified to collect industry and occupation information in two ways:

- closed-ended questions with 1992 pre-code lists of occupations and industries; and,
- open-ended questions that prompted respondents to describe both their occupation and the industry in which they work.

The occupational and industry descriptions were later coded using the NOC⁴ and NAICS/SIC⁵ respectively. Pre-coded occupation and industry questions were used to set quotas and to compare the data collected with 1992 findings. The NOC and NAICS/SIC coded occupations and industries were included to allow future surveys to compare the data on more current measures of occupation and industry.

The three survey instruments, the *Employee Survey*, *Employer Survey* and *Union Survey* can be found in Appendix A of the Technical Appendix.

2.2 SAMPLE SELECTION

The employee sample was selected to reflect current Statistics Canada data on Alberta's workforce based on age, region and job status. The employer sample was selected to obtain a representative sample of employers, including small employers with five or more employees. The union sample of 237 union representatives was obtained from lists of independent unions, the Alberta Federation of Labour Affiliates, and the Alberta Building Trades Council.

The following illustrates how sample selection differed for both the employees and employers in 2002 as compared to 1992.

2002	1992
• only workers aged 18 years and older were included • sample was drawn to include small employers (employers with five or more employees) • sample was representative of Alberta's employers based on employer size, of which small employers constitute the largest proportion of employers	• employees aged 16 years and older were included • small employers (employers with less than 10 employees) were excluded from the sample • large employers (employers with 200 or more employees) were over sampled, given that they had the largest share of employees

Appendix B of the Technical Appendix outlines the sampling frame for the employees and employers and Appendix F discusses the methodology used to weight the 1992 employer data.

⁴ National Occupation Classification, 2001

⁵ North American Industry Classification System, 2002/Standard Industrial Classification, 2002

2.3 DATA COLLECTION

All surveys were pre-tested with at least 20 respondents prior to full data collection.

Employee surveys were completed by telephone between November 26, 2002 and January 21, 2003. Both the *Employer Survey* and the *Union Survey* were initially mailed out to respondents and followed up by telephone (for employers, follow-up was between February 11 and March 13, 2003 and for union representatives, between February 28 and March 14, 2003).

2.3.1 Response Rates

A total of 2,836 completions were obtained for the Employee Survey, 755 for the Employer Survey and 88 for the *Union Survey*. As detailed below in Table 2-1, the Consultant exceeded contract requirements and the number of surveys completed as part of the current study was well above the number of completions achieved in 1992.

TABLE 2-1
SURVEY COMPLETIONS BY YEAR – 2002 AND 1992

Group	1992	2002 Contract Requirements	2002 Achieved	% Difference 2002 vs. 1992
Employees	2,007	2,800	2,836	+41%
Employers	325	700	755	+132%
Unions	43	86	88	+105%
Total	2,375	3,586	3,679	+55%

In addition to the higher number of completions, the survey was also characterized by generally high response rates for the employer and union surveys. Although the *Employer Survey* response rate was slightly lower than that in 1992 (33% as compared to 38%), the *Union Survey* was characterized by a markedly higher response rate (37% as compared to 19%). See Table 2-2.

TABLE 2-2
RESPONSE RATES BY GROUP – 1992 AND 2002

Group	1992	2002
Employee ⁽¹⁾	N/A	N/A
Employer	38%	33%
Union	19%	37%

⁽¹⁾ response rate not valid due to the need to screen for qualified households (i.e. had an individual in the labour force).

The margin of error associated with each survey is shown in Table 2-3. Results for the 2002 *Employee Survey* are accurate within plus or minus 1.8%, 19 times out of 20, while results for the *Employer Survey* are accurate within plus or minus 3.6%, 19 times out of 20.

TABLE 2-3
SAMPLE ERROR BY RESPONDENT GROUP

Group	1992	2002
Employees	N=2,007 + 2.2%	N=2,836 + 1.8%
Employers	N=325 + 5.4%	N=755 + 3.6%
Unions	N=43 N/A	N=88 N/A
Total	2,375	3,679

Because of its length, the *Employee Survey* was divided into nine sections and respondents were pre-selected to complete specific sections of the survey. Table 2-4 provides the number of respondents who completed each section of the survey and outlines the way in which respondents answered important filter questions based on tobacco, alcohol, medication and illicit drug consumption and gambling.

TABLE 2-4
NUMBER OF EMPLOYEE SURVEY RESPONSES BY SECTION

Section	Number of Respondents	Filter Question (In the past...)	
Screening Questions	2836		
Work Environment	2836		
Substance Use: Tobacco and Alcohol	1890	month have you smoked or used tobacco?	Yes—572
			No—1,318
		12 months have you drunk any alcoholic beverage?	Yes—1522
			No—368
Substance Use: Illicit Drugs and Medications	1891	12 months have you used any medications?	Yes—1,665
			No—226
		12 months have you used any illicit drugs?	Yes—183
			No—1,706
Gambling	1891	12 months have you gambled?	Yes—1,254
			No—637
Job Factors	2836		
Workplace Issues	2836		
Response Options	2836		
Demographics	2836		

2.4 DATA ANALYSIS

2.4.1. Treatment of Don't Know/No Response

Following data collection, the open-ended questions were coded and data analysis was completed using SPSS. For the purpose of data presentation, respondents who answered "Don't Know/No Response" to a question were excluded from the sample and a valid response rate is presented on all tables and charts. Figures in tables and charts may add up to 99% or 101% rather than 100% due to rounding error.

2.4.2 Substance Use and Gambling Profiles

To ascertain prevalence and severity of substance use and gambling in the workforce, profiles describing risk or consumption level were created for alcohol, tobacco, illicit drugs and gambling.

The alcohol, illicit drug and gambling profiles were developed using respondents' answers to three standardized tests included in the Employee Survey: the Alcohol Use Disorders Identification Test (AUDIT); the Drug Abuse Screening Test (DAST); and the Canadian Problem Gambling Index (CPGI). All tests use up to 10 questions to rate substance use/gambling severity including questions on consumption levels, frequency of consumption/gambling and impact of behaviours related to the substance use or gambling. Individuals are scored on the basis of their response to each question and an overall score is given that rates the severity of their substance use or gambling problem. Comprehensive descriptions of the three tests are included in Appendix C of the Technical Appendix.

The Alcohol Use Disorders Identification Test (AUDIT), consisting of 10 questions, aims to identify at-risk drinkers using a scale from 0 to 40. The scale categorizes drinkers' level of risk for the harmful or hazardous effects of chronic alcohol use and creates four risk categories. The Drug Abuse Screening Test (DAST), consisting of 10 questions, uses a scale of 0 to 10 to assess the degree of problems associated with non-medical use of drugs and creates four problem levels. The nine-question Canadian Problem Gambling Index (CPGI) uses a scale of 0 to 8 or more, to develop four risk levels in relation to gambling as it creates negative consequences for the gambler and their social network.

To allow comparisons with 1992 data, two profiles were created for alcohol in 2002, one using the Alcohol Use Disorders Identification Test (AUDIT) and one using frequency of use and consumption level measures used in the 1992 survey. Appendix C of the Technical Appendix describes how the profile used to compare 1992 alcohol consumption data with 2002 was created.

The tobacco profile was created using categories that were consistent with those used in other national Health Canada surveys. A number of smoker profiles were created based on daily cigarette use. For the purpose of this research five profiles were used: non-smokers; non-daily smokers (consume cigarettes in the past month but less than daily); light smoker (consume 1 to 10 cigarettes daily); moderate smoker (consume 11 to 19 cigarettes daily); and heavy smoker (consume 20 or more cigarettes daily).

2.4.3. Comparison of 1992 and 2002 Data

Given the different sampling frames used to randomly select respondents for the *Employer Survey* (1992 excluded employers with less than 10 employees and over-sampled large employers (i.e., those with 200 or more employees), the 1992 employer data was weighted to facilitate comparisons with the 2002 data. The 1992 data was weighted to reflect the sample distribution of 2002, therefore the small employers were given more weight and large employers were given less weight. Appendix F of the Technical Appendix details how the 1992 employer data was weighted to allow comparisons with 2002 employer data. *Employee Survey* and *Union Survey* data from 1992 was not weighted. Both the 1992 and 2002 findings are reported as valid response rates, with "Don't Know/No Response" removed.

2.5 SAMPLE DEMOGRAPHICS

2.5.1 Employee Survey

As detailed in Table 2-5A, the employee sample was generally representative of the Alberta working age population on the basis of age, region, and job status (full-time/part-time). Approximately one-half (49%) of respondents indicated that they had one or more persons directly or indirectly report to them. Table 2-5B details sample demographics based on gender, marital status, education and income.

TABLE 2-5A
SAMPLE DEMOGRAPHICS – AADAC EMPLOYEE SURVEY

Characteristic	Number	Sample % Distribution	Alberta Labour Force Population % Distribution
Age:			
18–34 years	934	33%	40.4%
35–50 years	1306	46%	41.3%
50+ years	596	21%	18.3%
Region:			
Edmonton	878	31%	32.6%
Calgary	975	34%	31.4%
Other Alberta	983	35%	36.0%
Employment Status:			
Full-time	2161	76%	75.0%
Other*	675	24%	25.0%
Occupation:			
Manager/Professional	1074	38%	24.3%
Clerical/office worker	256	9%	16.9%
Sales	228	8%	17.7%
Services	579	20%	15.6%
Other primary occupations (includes farmers)	177	6%	7.9%
Processing/manufacturing	65	2%	5.5%
Construction/trades/material handling	173	6%	6.5%
Transportation equipment operating	69	2%	5.6%
Other	215	8%	0%
Industry:			
Agriculture	123	4%	3.5%
Forestry/mining/upstream oil and gas**	143	5%	6.4%
Manufacturing/processing	166	6%	8.6%
Construction	205	7%	8.3%
Transportation	120	4%	5.9%
Telecommunications	55	2%	N/A***
Utilities	40	1%	0.8%
Wholesale and retail trade	437	15%	15.2%
Finance, insurance, real estate	152	5%	4.8%
Education	262	9%	6.2%
Hospitals, health care/social services**	333	12%	8.8%
Public administration	146	5%	3.7%
Other services****	642	23%	26.6%

N=2836

Source: Age and region population distributions were based on 1996 Statistics Canada Census data, employment status distribution based on 2002 Statistics Canada Labour Force statistics, occupation distribution based on 1996 Statistics Canada Labour Force statistics, and industry distribution based on 2001 Labour Force Historical Review data.

Note: percentages may not add to 100% due to rounding.

*Part-time, having worked in the past 12 months but currently on workers' compensation, maternity leave, or temporarily unemployed but looking for work.

**Categories were combined for comparison with 2001 Labour Force Historical Review data.

***Information specific for this category was not provided in 2001 Labour Force Historical Review data.

****Other services include professional, scientific and technical services; management and administrative support; information, culture and recreation; and accommodation and food services.

TABLE 2-5B
SAMPLE DEMOGRAPHICS – AADAC EMPLOYEE SURVEY

Characteristic	Number	Sample % Distribution
Gender (n=2836)		
Male	1305	46%
Female	1531	54%
Marital Status (n=2823)		
Married (including common-law)	1785	63%
Separated/divorced	305	11%
Widowed	52	2%
Never married	681	24%
Highest Level of Education (n=2827)		
Less than high school	180	6%
High school graduate/equivalent	552	20%
Some college/tech. school/ univ.	509	18%
Completed technical/trade school	330	12%
Completed college	414	15%
One or more university degrees	842	30%
Income (n=2541)		
Under \$10,000	68	3%
\$10,000–\$19,999	170	7%
\$20,000–\$34,999	371	15%
\$35,000–\$49,999	474	19%
\$50,000–\$99,000	971	38%
\$100,000 or over	487	19%

2.5.2 Employer Survey

The employer sample was generally representative of Alberta employers by employer size and industry. It should be noted, however, that the data regarding number of employees (employer size) in the sample differed somewhat from the number reported by employers during survey administration. Therefore, the actual number of completions is based on the data provided by the employers and not on the data by which the quotas were set. As a consequence, the distribution of employers in the sample differed somewhat from population distribution. The majority of completions were obtained by those employers with less than 10 employees (38%) and those with 10 to 49 (41%). A smaller proportion of surveys were also completed by employers with 50 to 199 employees (13%) and the fewest from those with 200 or more (9%).

By industry, the largest percentage of surveys was completed by wholesale and retail trade (25%), reflecting the industry in which the greatest percentage of Alberta's workforce is currently employed. See Table 2-6 for sample demographics.

TABLE 2-6
SAMPLE DEMOGRAPHICS – AADAC EMPLOYER SURVEY

Characteristic	Number	Sample % Distribution	Population % Distribution
Employer Size (n=745)			
Less than 10 employees	284	38%	78%
10 to 49	302	41%	20%
50 to 199	93	13%	2%
200+*	66	9%	0.1%
Industry (n=693)			
Wholesale and retail trade	173	25%	15%
Construction	74	11%	8%
Manufacturing and processing (including oil and gas processing)	59	9%	9%
Finance, insurance, real estate	52	8%	5%
Other services	48	7%	5%
Education (including schools and universities)	45	7%	6%
Hospitals, health care/Social services**	41	6%	9%
Transportation (including rail, truck, bus, air, water and pipeline operations)	25	4%	6%
Agriculture	13	2%	4%
Telecommunications, broadcasting	12	2%	4%
Public administration	10	1%	4%
Utilities, including water and electricity***	7	1%	1%
Forestry/mining*** (including oil sands/oil and gas extraction & upstream oil and gas)**	31	4%	5%
Other	103	15%	19%

May not add to 100% due to rounding.

*Note: Combined to compare with data from *Alberta Business Monitor*, September 2001, Alberta Economic Development

**Note: Combined to compare with 2001 Statistics Canada Labour Force Survey data

***Note: Caution should be used when interpreting data from the utilities and forestry mining industries given the small sample sizes for these sectors

Few organizations surveyed in the employer survey were directly involved in the gaming industry (casino, bingo hall or racetrack). Thus, only 1% of employers indicated they were directly involved in the gambling industry.

Most organizations surveyed (87%) have their headquarters in Alberta. The majority of employees employed by the respondents did not belong to a union (60%). Of the employers who responded, 44% had an operating budget of less than \$1 million. Table 2-7 below details the employer characteristics.

TABLE 2-7
EMPLOYER CHARACTERISTICS – AADAC EMPLOYER SURVEY

Characteristics	Number	% Distribution
Organization Headquarters (N=755)		
In Alberta	661	87%
Outside Alberta but within Canada	72	10%
Outside Canada	22	3%
Percentage of Employees Belonging to Unions (N=755)		
None	453	60%
75% or more	46	6%
50–74%	28	4%
25–49%	7	1%
10–24%	9	1%
Less than 10%	8	1%
Don't Know/No Response	204	27%
Operating Budget (N=755)		
Less than \$1 million	333	44%
\$1 million to \$4.9 million	215	29%
\$5 million to \$19.9 million	65	9%
\$20 million to \$99.9 million	28	4%
\$100 million or more	15	2%
Don't Know/No Response	99	13%

2.5.3 Union Survey

The union sample characteristics are provided in Table 2–8. The majority of the union representatives who responded to the survey had their headquarters located in Alberta (81%) and nearly one-third (32%) had between 101 and 500 members.

TABLE 2-8
SAMPLE DEMOGRAPHICS – AADAC UNION SURVEY

Characteristic	Number	% Distribution
Location of Local Union Headquarters (N=88)		
Alberta	71	81%
Outside Alberta, but within Canada	9	10%
Outside Canada	6	7%
Don't Know/No Response	2	2%
Number of Members (N=88)		
1–100	10	11%
101–500	28	32%
501–1000	13	15%
1001–10000	23	26%
10001–50000	10	11%
Don't Know/No Response	4	5%

The union representatives that completed the survey had members employed in a wide range of industries and occupational groups (see Table 2-9).

TABLE 2-9
UNION CHARACTERISTICS – AADAC UNION SURVEY

Characteristic	% Distribution
Percentage of Members Working in the Following Industries	
Manufacturing and Processing	27%
Hospitals and Health Care	25%
Construction	17%
Education	16%
Transportation	14%
Accommodation, Food and Beverage	11%
Utilities	10%
Telecommunications and Broadcasting	9%
Upstream Oil and Gas	8%
Wholesale and Retail Trade	7%
Mining	7%
Forestry	6%
Social Services	3%
Public administration	3%
Finance, Insurance and Real Estate	1%
Agriculture	1%
Other Services	23%
Percentage of Alberta Members Working in the Following Occupational Groups	
Clerical and Office Worker	34%
Professional	30%
Construction	27%
Materials Handling	27%
Services	26%
Other Crafts and Trades	24%
Processing	19%
Transportation Equipment Operating	17%
Primary Occupations	14%
Sales	13%
Other	3%

N=88

2.6 SUMMARY OF KEY CHANGES FROM THE 1992 STUDY

Although the 2002 study was intended to be a replication study that mirrored the process and questions asked in 1992, the inclusion of new sections (tobacco use, prescription medications, gambling questions, etc.) necessitated several changes to ensure that the survey could be administered by telephone in less than 20 minutes. In addition, the 2002 study also included additional questions that mirrored national studies with respect to tobacco, alcohol, drug, and gambling issues.

Detailed in Table 2-10 are the key changes in the 2002 study relative to that of the 1992 study.

TABLE 2-10
SUMMARY OF KEY CHANGES – 2002 VS. 1992

Area/Issue	2002	1992
Sample Sizes/Sample Design	• increase in the number of employee, employer, and union surveys completed; • representative sampling of all employer with 5 or more employees; and, • use of a "module" approach with employee survey to maintain survey length to less than 20 minutes.	• survey had a limited number of employer and union responses; • over-sampled large employers (46% of employers had 200+ employees); and • all respondents asked to comment on all issues.
Topics/Issues Explored	• inclusion of new sections (gambling); • expansion of questions dealing with smoking, prescription drug use; • inclusion of standardized questions dealing with alcohol use (AUDIT), drug use (DAST), and gambling (CPGI) from national standardized question banks; and • some questions eliminated due to limited information obtained in the 1992 study and/or to address the need to ensure survey administration was less than 20 minutes.	Survey focused primarily on use of alcohol and illicit drugs. Limited questions on tobacco and prescription drug use. Questions on gambling were not included.

2.7 RESEARCH CONSIDERATIONS

Notwithstanding the considerable scope of the 2002 survey, it would be important to consider some possible influences/activities that could affect the data obtained and/or limit the ability to make comparisons of 1992 results and/or compare findings across industries and occupations. Those issues include:

2.7.1 Limited Sample Sizes for Employer Data—by Industry

Although the Employer Survey had a considerably larger number of respondents in 2002 (755) relative to that of 1992 (325), readers should exercise caution when interpreting data for industry sectors in which there was a limited number of responses.

2.7.2 Possible Interpretation Issues for Survey of Union Representatives

In discussions with the Advisory Committee, it was noted that respondents were not always clear whether to complete the survey on behalf of all members served by the union (requested data) or whether they were to complete the survey based on their experiences in their own union local office (worksite). While the survey was not intended to capture union views/practices with respect to their own union office, there exists the possibility that some misinterpretation of the survey occurred and that the union responses reflect their local office rather than the broader union workforce.

In addition, it was noted that, in general, unions tend to represent larger companies whereas the employer sample consists of a greater proportion of smaller companies. As a consequence, readers should note this difference when the two survey results are being compared.

2.7.3 Incomplete or Missing Data

It should be noted that there were a considerable number of employers who did not provide responses to each question. While the analysis of the data is based on the proportion of "valid responses," the proportion of missing responses could indicate that employers did not have policies/practices with respect to the particular topic of interest.

2.7.4 Limited Comparability to 1992 Results

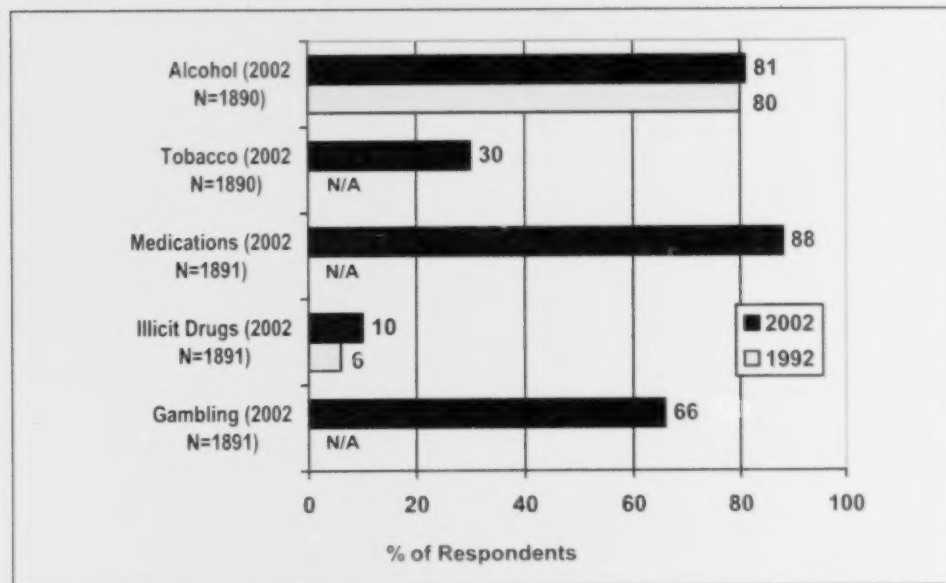
While approximately three-quarters of questions asked in the 1992 study were included in the 2002 survey, the use of standardized index questions in 2002 (i.e., AUDIT, DAST) that were not used in 1992 makes it difficult to compare "problems" of drinkers/drug users between the two periods. Similarly, although the 1992 Employer Survey was weighted to better reflect the actual distribution of employers by size, the limited number of "small" employers in the 1992 study (only 10 employers or 3.1% of the sample had fewer than 10 employees, whereas in the current 2002 study, 38% of employers had less than 10 employees) suggests that the comparisons of changes in employer opinion between the two survey periods should be interpreted with caution.

SECTION 3: PREVALENCE OF SUBSTANCE USE AND GAMBLING AMONG WORKERS

Prevalence of substance use and gambling was calculated from information provided by workers in the *Employee Survey*. As in 1992, full-time, part-time and self-employed workers were asked to respond to the survey. In addition, workers who had worked within the past 12 months but were currently on workers' compensation/disability, maternity leave or unemployed and looking for work were included as respondents.

As compared to 1992, the prevalence of alcohol use and illicit drug use among workers has remained relatively constant across the years. Comparison data was not available from 1992 for gambling and the use of tobacco and medications.

CHART 3-1
PREVALENCE OF SUBSTANCE USE AND GAMBLING IN THE ALBERTA WORKFORCE*



*2002—Use within the past 12 months for alcohol, medications, illicit drugs, gambling; tobacco use within the past month.
1992—Use within the past 12 months for alcohol illicit drugs; medication use within the past 4 weeks. making comparisons for medications impossible.

As suggested in the literature concerning substance use, the findings demonstrated a number of correlations between use of one substance and use of another substance or gambling. The data indicated that respondents who used drugs were also more likely to smoke and drink, and tobacco use was linked with an increased probability of gambling and alcohol use (see Table 3-2).

All drinkers (those who had consumed alcohol at least once in the previous 12 months) were more inclined to have taken medication within the same time frame: this is not surprising as the majority of the workforce has consumed some alcohol and some medication within the past year. However, respondents who received a medium, high, or very high AUDIT score were more inclined than occasional drinkers (low AUDIT score) to use tobacco but less likely to use illicit drugs (32% compared to 68% of low-risk drinkers).

Similarly, low/moderate/problem CPGI gamblers were more inclined than occasional gamblers (non-problem CGPI) to use tobacco.

TABLE 3-2
RELATIONSHIPS BETWEEN SUBSTANCE USE AND/OR GAMBLING AND OTHER ACTIVITIES*

Substance Use or Gambling	Increased Probability of :	Significance Level (Chi-square, Pearson Correlation)
Illicit Drugs	• Smoking (73% smoke compared to 27% who do not)	.00000
	• Drinking (97% drink compared to 3% who do not)	.00050
Tobacco	• Gambling (74% smoke compared to 26% who do not)	.00055
	• Drinking (88% drink compared to 12% who do not)	.00002
Medium, High and Very High AUDIT Drinkers	• Smoking (58% smoke compared to 44% who do not)	.00000
Low/Moderate/CGPI** Score	• Smoking (54% smoke compared to 46% who do not)	.00003

*Individuals asked both sections of the survey

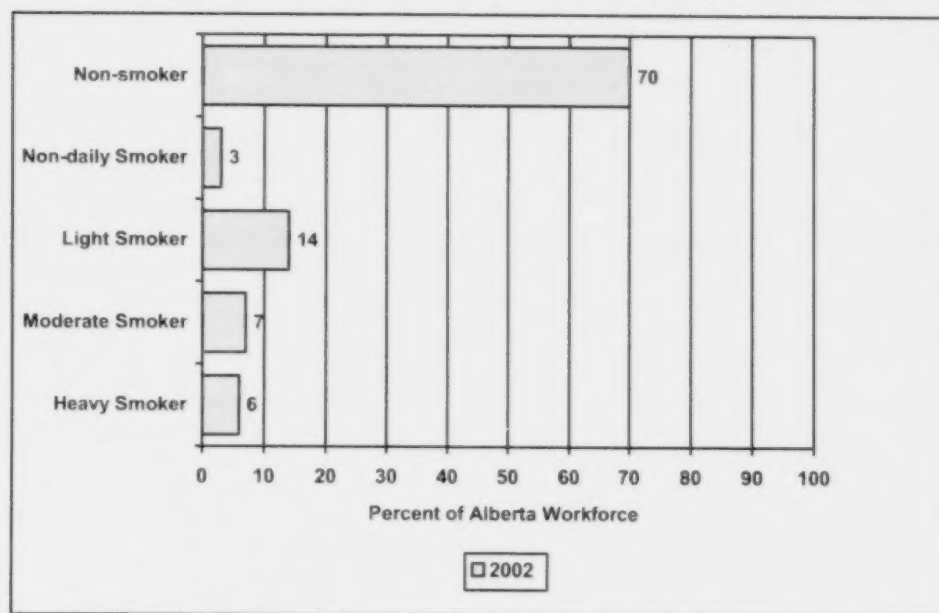
**Given the small proportion of moderate or problem gamblers this finding is not significant when the low problem gamblers are removed from the analysis.

3.1 TOBACCO USE

In Alberta's workforce, 30% of employees have smoked or used tobacco within the past four weeks. However, only 27% of the workforce smoke cigarettes on a daily basis.

Applying definitions from Health Canada, smoker profiles were developed for current smokers based on daily usage. Light smokers consume between 1 and 10 cigarettes daily, moderate smokers consume between 11 and 19 cigarettes daily and heavy smokers consume 20 cigarettes or more per day. Non-daily smokers were those who indicated that they had smoked within the past month but do not consume cigarettes on a daily basis. Among the total workforce (30% of the workforce smoke), 3% of the workforce are non-daily smokers, 14% light, 7% moderate and 6% heavy smokers (Chart 3-3).

CHART 3-3
PREVALENCE OF FIVE SMOKER PROFILES IN ALBERTA WORKFORCE



n=1879

Profiles based on definitions used by Health Canada.

*Individuals who have smoked within the past month but do not report smoking on a daily basis

Note: Eleven respondents did not answer all questions and are excluded from the profiles.

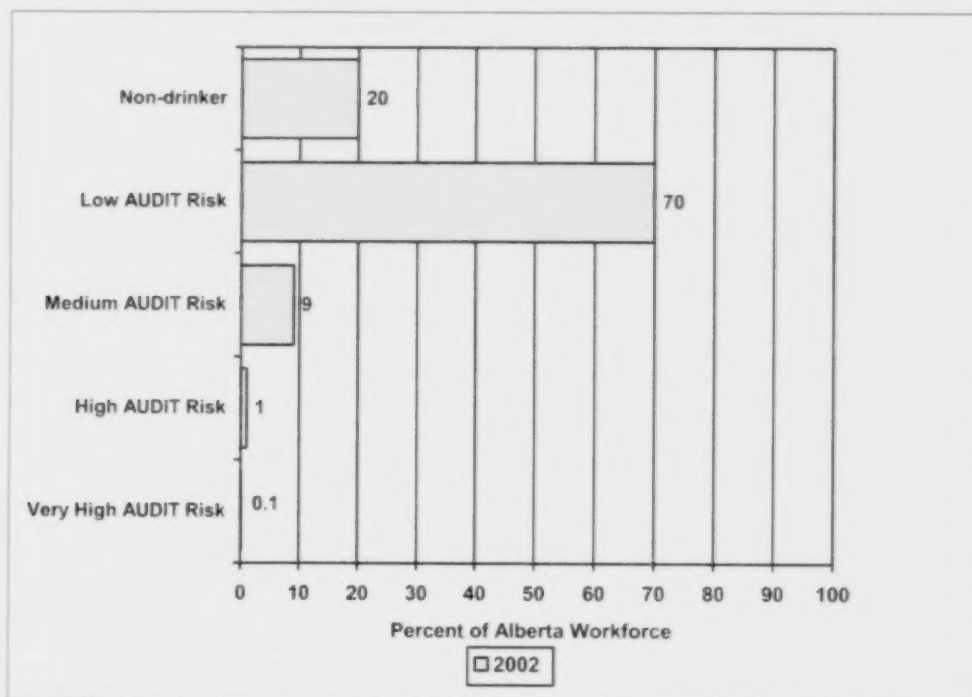
3.2 ALCOHOL USE

The rate of alcohol use in Alberta's workforce has not changed since 1992, with 81%⁶ of workers consuming alcohol within the past 12 months in 2002 and 80% consuming alcohol in 1992.

The Alcohol Use Disorders Identification Test (AUDIT), which consists of a series of 10 questions, was used to develop five drinker profile groups. As shown in Chart 3-4, 20% of Alberta's workforce do not consume alcohol, with the majority of the remaining drinkers being occasional drinkers (70%) with a low AUDIT risk for problems associated with alcohol use. Of those remaining 10% of non-occasional drinkers, all are identified as problem drinkers by the AUDIT with increasing severity of problem as the scale moves from medium to very high. Thus, 9% were medium AUDIT risk drinkers, 1% high AUDIT risk drinkers and less than 1% (0.1%) were at very high AUDIT risk for drinking problems.

⁶ Percentage of non-drinkers based on those who reported not having had a drink containing alcohol in the past 12 months and those who reported never having a drink containing alcohol.

CHART 3-4
PREVALENCE OF FIVE DRINKER PROFILES IN ALBERTA WORKFORCE* (BASED ON THE AUDIT)



n=1886

*2002 profiles based on AUDIT scores

Note: Four people did not answer all questions in the AUDIT and are excluded from the profiles.

Demographic variables were examined to determine what characterizes the drinkers found in the five drinker profiles. Profiles of high and very high AUDIT drinkers were similar, as were the profiles of non-drinkers and occasional (low AUDIT) drinkers. Generally, non-drinkers and infrequent drinkers tend to be older females, who are married and have graduated from high school or university. Drinkers, conversely, are more commonly men who have never married, with regular light to moderate drinkers being 25 to 34 years of age and regular heavy or very heavy drinkers being 18 to 24 or 35 to 44 years of age. Comprehensive tables presenting the relationship between gender, age, marital status, education, income and the five drinker profiles are presented in Appendix G of the Technical Appendix.

Profile of a Low Risk AUDIT Drinker

- Female
- 45 years or older
- Married
- High school or university graduate

Profile of a Medium Risk AUDIT Drinker

- Male
- 25 to 34 years old
- Never married
- High school graduate

Profile of a High to Very High Risk AUDIT Drinker

- Male
- 18 to 24 or 35 to 44 years old
- Never married
- High school education or less

3.2.1. Comparison of 2002 and 1992 Drinker Profiles (Frequency and Consumption Levels)

In 1992, profiles of drinkers were developed using measures of consumption frequency and consumption level; behavioural measures were not included in the development of the profiles. In order to make comparisons across time, a second profile of drinkers was developed that utilized only consumption frequency and consumption level. Table 3-5 illustrates the two variables that were used to create the second set of drinker profiles and response frequencies associated with these questions in 1992 and 2002.

TABLE 3-5
ALCOHOL CONSUMPTION FREQUENCY AND LEVEL IN THE ALBERTA WORKFORCE*

Characteristic	2002	1992
Frequency of drinking	(N=1890)	(N=2007)
Never	19%	20%
Monthly or less	29%	22%
Two to four times a month	30%	40%
Two to three times a week	15%	13%
Four or more times a week	6%	5%
Alcohol consumption levels on a typical day drinking	(n=1517)	(n=1589)
1 or 2	66%	59%
3 or 4	23%	27%
5 or 6	7%	9%
7 or 9	3%	2%
10 or more	2%	3%

*AUDIT questions 2 and 3

The respondent population was segmented on the basis of their frequency of drinking and alcohol consumption levels to create six drinker profiles, as in 1992⁷:

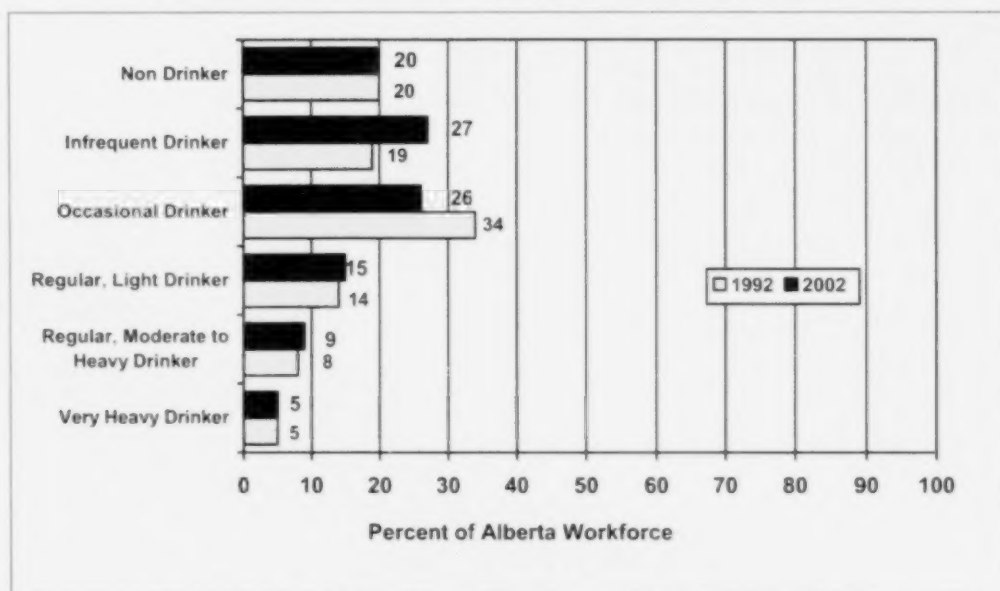
⁷ Profiles were created with the assistance of established norms of measurement based on *Canada's Alcohol and Other Drugs Survey 1994* (Health Canada).

- **Non-drinker:** did not report any alcohol consumption within the past 12 months;
- **Infrequent Drinker:** reported drinking monthly or less, with no episodes of heavy drinking (drinking 5 or more drinks on a single occasion);
- **Occasional Drinker:** reported drinking two to four times a month and never reported drinking more than 4 drinks on a typical day drinking;
- **Regular, Light Drinker:** reported drinking at least once a week and averaged between 3 and 6 drinks a week;
- **Regular, Moderate to Heavy Drinker:** reported drinking at least once a week and averaged between 7 and 13 drinks a week; and,
- **Very Heavy Drinker:** reported drinking at least once a week and drinks 14 or more drinks a week.

The majority of drinkers in 2002, as compared to 1992, still remain occasional or regular light to moderate drinkers with minimal risk of developing drinking problems. However, the profile of drinkers in Alberta's workforce has changed slightly from 1992. Drinkers in 2002 drink less often, thus more people are drinking monthly or less (29% in 2002 compared to 22% in 1992) and when they drink they are consuming fewer drinks (1 to 2 drinks, 66% in 2002 compared to 59% in 1992).

As illustrated in Chart 3-6, the change in 2002 drinker frequency and consumption levels has resulted in a shift in drinker profiles, with fewer workers drinking occasionally (2002, 26%; 1992, 34%) and more workers drinking infrequently (2002, 27%; 1992, 19%). All other drinker profiles remain consistent with 1992.

CHART 3-6
PREVALENCE OF SIX DRINKER PROFILES IN ALBERTA WORKFORCE
(BASED ON CONSUMPTION FREQUENCY AND CONSUMPTION LEVEL)



2002 N=1884; 1992 N=1995

3.2.2 Variables Influencing Alcohol Consumption

Literature cited in the 1992 study suggested that employment status and work related variables could influence consumption frequency and consumption levels, however, current analysis of the 2002 data found no significant relationship between these variables.

Examination of predictive factors and their relationship to frequency of drinking and consumption levels in 2002, again showed that neither an individual's previous experience with mental health problems, seasonal work status, or experience being off work due to health problems affected consumption levels or the frequency with which they drank. Irrespective of their status, workers tended to drink four times or less monthly and consume one to four drinks in a typical day when they were drinking. Employment status (that is, whether an individual was employed full-time, part-time, self-employed, on disability or maternity leave or temporarily unemployed) did not correlate with increased frequency of drinking or increased consumption levels.

3.3 OTHER DRUG USE

3.3.1 Medications

Overall, 88% of the working population surveyed had used medications within the past year. Comparison with 1992 is difficult given that the timeframe referenced in the 1992 study was four weeks, rather than a year.

Generally, medication use does not appear to be a significant problem among Alberta's workforce (see Table 3-7). Few respondents had used such medications as tranquillizers (2%), over-the-counter stimulants (2%) and sleeping pills (7%). Prescription painkillers had a higher rate of use, with 15% of the workforce surveyed using them within the past year and 2% of painkiller users using painkillers on a daily basis, although only 0.2% of the entire workforce use painkillers on a daily basis.

Over-the-counter painkillers, such as Tylenol (74%), and medications for cough, cold, sinus problems or allergies (59%) were most commonly used. However, this use does not appear to be a significant problem as few workers use either of these types of medication on a daily basis, (3% and 3% respectively). Anti-depressants or other mood stabilizers are used by 9% of the workforce. The majority of those who take anti-depressants or mood stabilizers do so on a daily basis, which is consistent with the requirements of the medication.

TABLE 3-7
FREQUENCY OF USE OF VARIOUS MEDICATIONS

Medication Type	Used in the last 12 months?		Less than 1 time/month	1-3 times a month	Once a week	2-3 times a week	4-6 times a week	Daily+	DK/NA
	Yes	No							
Over-the-counter painkillers (Tylenol, Ibuprofen)	74%	26%	31%	26%	8%	4%	2%	3%	0.4%
Medications for cough, cold, sinus problems or allergies	59%	41%	44%	9%	1%	2%	1%	3%	0.2%
Prescription painkillers	15%	85%	8%	3%	1%	1%	0.2%	2%	0.2%
Any anti-depressants or other mood stabilizers	9%*	91%	1%	0.2%	0.1%	0.3%	0.2%	7%	0.3%
Sleeping pills	7%	93%	3%	2%	0.3%	0.3%	0.2%	0.7%	0.1%
Any tranquilizers (Ativan, Librium, Valium)	2%	98%	1%	0.4%	0.2%	0.2%	0%	0.2%	0%
Over-the-counter stimulants (diet pills, "wake-up" pills)	2%	98%	1%	0.2%	0.3%	0.1%	0.2%	0.1%	0.1%

N = 1891

*In the general population, the prevalence of clinical depression ranges from 4% to 5%.

Tables presenting the relationship between gender, age, marital status, education, income and medication use are presented in Appendix G of the Technical Appendix. Demographic variables that significantly influenced the rate of medication use are as follows:

- Women are more likely to use medications than men (56% compared to 44%).
- Individuals under the age of 65 years are more likely to use than those 65 years or over (88% compared to 69%).
- Individuals who did not graduate from high school were less likely to use medications than those who did graduate (78% compared to 89%).

The data was also examined to determine whether there was a relationship between medication use and being off work due to an injury or health problem within the past 12 months. It was found that individuals who had been off work due to injury or illness were significantly more likely to use medications (96%) than members of the workforce who had not been off work for injury or illness (87%) (Chi-square Pearson .00003).

3.3.2 Illicit Drugs

In general, the majority of Alberta employees do not use illicit drugs (see Table 3-8). There has been an increase of 4% in the rate of illicit drug use since 1992. In 2002, prevalence of illicit drug use was 10% in the workforce and in 1992 it was 6%.

As detailed in Table 3-8, marijuana is the most commonly used drug among illicit drug users. In the workforce overall, 10% of employees indicated that they use marijuana. One percent or less of the workforce admitted to using any other illicit drug. Among marijuana users, there appears to be a sub-segment of regular users who use marijuana anywhere from once a week to daily. By contrast, in the workforce generally, only 2% use marijuana on a daily basis.

TABLE 3-8
FREQUENCY OF USE OF ILLICIT DRUGS BY DRUG TYPE

Illicit Drug	Used in the past 12 months?		Less than 1 time/month	1-3 times a month	Once a week	2-3 times a week	4-6 times a week	Daily +	DK/NA
	Yes	No							
Marijuana, hash	10%	90%	4%	2%	1%	1%	0.3%	2%	0.1%
Cocaine, crack	1%	99%	1%	0.2%	0%	0%	0%	0.1%	0%
LSD, PCP or other hallucinogens	1%	99%	1%	0.2%	0.1%	0%	0%	0%	0%
Amphetamines and other stimulants (Ecstasy)	1%	99%	1%	0.2%	0.1%	0%	0%	0%	0%
Heroin or other street opiates (i.e. morphine)	0%	100%	0%	0%	0%	0%	0%	0%	0%
Any other street drugs (GHB ^b)	0.2%	100%	0.1%	0.1%	0%	0%	0%	0%	0%

N=1891

As compared to 1992, marijuana use has increased 4% in 2002 (Table 3-9). Use of the illicit drugs, however, has remained the same as in 1992. In 1992, 1% or less of the workforce used cocaine/crack (1%), LSD/PCP or other hallucinogens (1%), heroin (0%), or other street drugs (0.4%).

TABLE 3-9
PERCENTAGE OF ILLICIT DRUG USE IN THE WORKFORCE

ILLICIT DRUG	2002	1992
Marijuana	10%	6%
Cocaine/crack	1%	1%
LSD/PCP or other hallucinogens	1%	1%
Amphetamines and other stimulants	1%	N/A
Heroin	0%	0%
Other street drugs	0.2%	0.4%

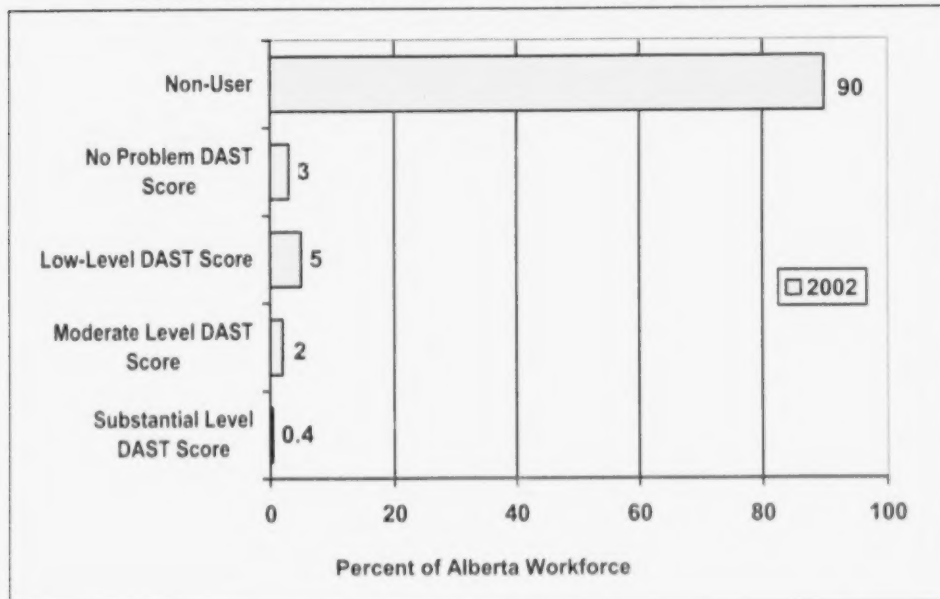
2002 N=1891

1992 N=2007

The Drug Abuse Screening Test (DAST), which consists of a series of 10 questions, was used to develop five drug user profile groups. As shown in Chart 3-10, 90% of Alberta's workforce do not use illicit drugs and 3% reported no problems related to drug use (they responded no to the question, "Have you used drugs other than those required for medical purposes?"). An additional 5% were classified as having low level problems related to drug use (low level DAST score), 2% as having moderate level problems (moderate level DAST score) and less than 1% as having substantial problems (substantial level DAST score).

^b gamma-hydroxybutyrate

CHART 3-10
PREVALENCE OF FIVE DRUG USER PROFILES IN ALBERTA WORKFORCE



n=1887

Note: Four respondents did not complete the DAST.

Demographic variables were examined to develop profiles of drug users. Given the small number of drug users, the profiles were inconclusive with respect to a number of demographic variables. In addition, a profile could not be developed for substantial users given the small number of respondents classified in this category. Tables presenting the relationship between gender, age, marital status, education, income and the six drug profiles are presented in the Appendix G of the Technical Appendix.

Profile of a Non-Drug User

- Male or female
- Over 25 years of age
- Married

Profile of a Low Level or Moderate Level Drug Problems (Low Level and Moderate Level DAST Score)

- Male
- 18 to 34 years of age
- Never married

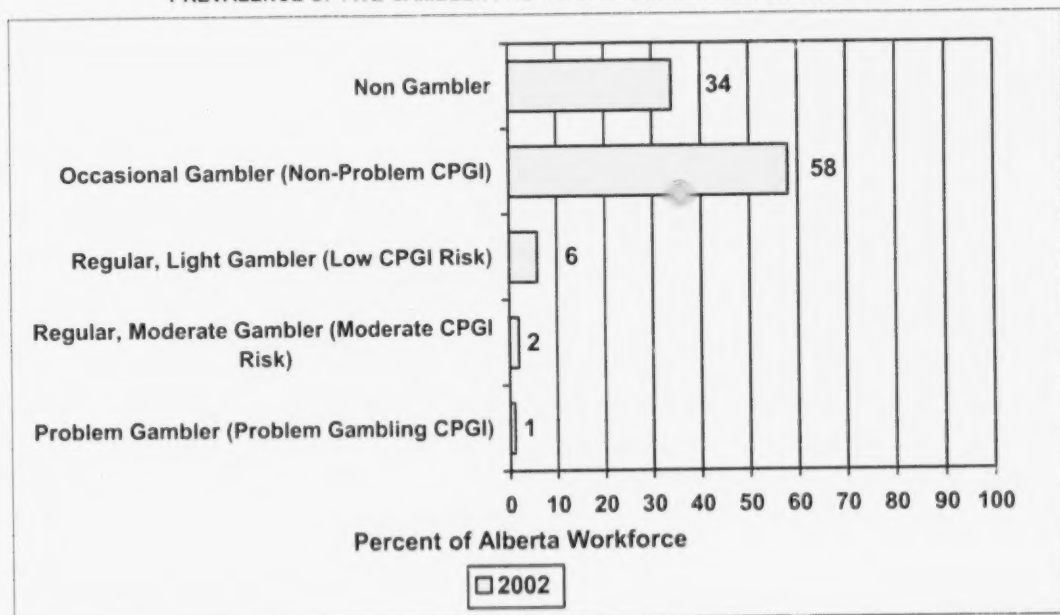
An examination of predictive factors that may relate to drug use demonstrated that among drug users, individuals who have had serious problems with depression, anxiety or other mental health problems are significantly more likely to use illicit drugs (16% compared to 9% without mental health problems; Chi-square Pearson .00031). Additionally, among drug users, individuals off work due to health problems or injuries were more likely to use illicit drugs (14% compared to 9% among those not off work; Chi-square Pearson .00524).

3.4 GAMBLING

Most (66%) of the respondents indicated that they had gambled within the past 12 months given the definition of gambling provided in the survey. As defined in the survey, an individual was classified as a gambler if they had in the past 12 months bought lottery or scratch tickets, played bingo, played slot machines or VLTs, played casino table games, bet on sports/at the racetrack/against other people or participated in Internet gambling. The prevalence of gambling was not collected in the 1992 survey.

The Canadian Problem Gambling Index (CPGI), which consists of a series of nine questions, was used to develop five gambler profile groups. As shown in Chart 3-11, 34% of Alberta's workforce have not gambled within the past 12 months. Among those who have gambled, the majority (58% of the workforce) are occasional gamblers with no problems identified by the CPGI. The remaining 9% consist of regular light gamblers (low CPGI risk, 6%), regular moderate gamblers (moderate CPGI risk, 2%) and problem gamblers (problem gambling CPGI, 1%).

CHART 3-11
PREVALENCE OF FIVE GAMBLER PROFILES IN ALBERTA WORKFORCE



N=1891

As compared to a 2001 study conducted by the Alberta Gaming Research Institute⁹ the current study found a lower incidence of gamblers in the workforce (Alberta Gaming Research Institute Study prevalence 82%). This is most probably due to methodological differences in questioning concerning worker's gambling behaviours. In the current study, respondents were given a comprehensive definition of gambling and asked whether or not they had gambled whereas the Alberta Gaming Research Institute Study questioned respondents on 21 gambling behaviours to determine if they had engaged in any of the 21 activities. Individuals who engaged in any of the activities were defined as gamblers.

Despite the differences in methodology, when only full-time employees are examined in the current study, the distribution of gambling profiles as defined by the CPGI is very similar across the two studies. These distributions (current study compared to Alberta Gaming Research Institute Study) are as follows: non-problem gamblers (86% compared to 82%), low risk (10% compared to 12%), moderate risk (3% compared to 4%) and problem gambling (1% compared to 1%).

Demographic variables were examined to develop profiles of gamblers. Non-gamblers and non-problem gamblers shared the same characteristics, probably due to the broad definition of gambling behaviour. Low risk and moderate risk gamblers also were indistinguishable as a group and did not have clearly identifiable characteristics. Tables presenting the relationship between gender, age, marital status, education, income and the five gambling profiles are presented in Appendix G of the Technical Appendix.

Profile of a Non-Gambler or Non-Problem Gambler

- Female
- All age groups
- Married
- University educated

Profile of a Low Risk or Moderate Risk Gambler (Low and Moderate Level CGPI Problem)

- Female or Male
- All age groups
- Never married/married

Profile of a Problem Gambler (CGPI Problem Gambler)

- Male or female
- 65+ years of age
- Widowed
- High school or less

⁹ Smith, G. J. and Wynne, H. J. 2002. Measuring Gambling and Problem Gambling in Alberta Using the Canadian Problem Gambling Index. Alberta Gambling Research Institute, Edmonton, AB

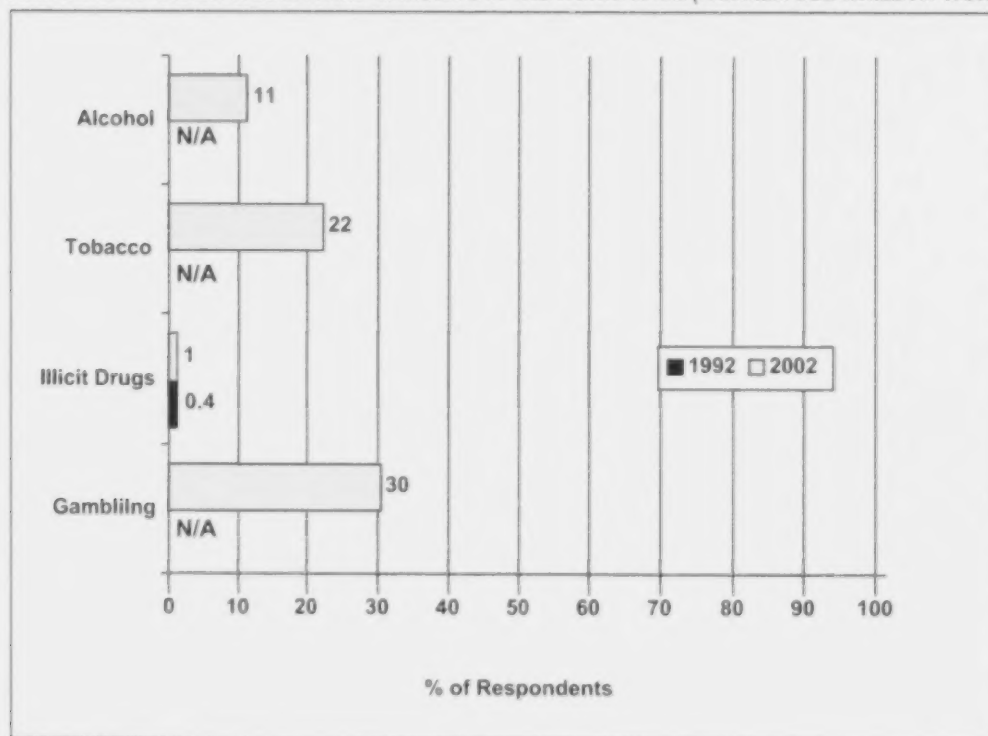
Examination of predictive factors and their relationship to gambling showed that neither an individual's previous experience with mental health problems or experience being off work due to health problems influenced whether or not they gambled. Furthermore, employment status (specifically, full-time, part-time, off work for disability/maternity, self employed and temporarily unemployed) was not correlated with gambling. Whether or not an individual worked seasonally, all year or part of the year, did influence gambling, with those who worked all year being more likely to gamble than those who worked only part of the year (68% of those who worked all year gambled compared to 57% of those who worked part of the year; Chi-square Pearson .00216).

SECTION 4: EMPLOYEE PATTERNS OF SUBSTANCE USE AND GAMBLING IN THE WORKPLACE

Employee patterns of substance use and gambling were calculated from information provided by workers in the *Employee Survey*. As in 1992, full-time, part-time and self-employed workers were asked to respond to the survey. In addition, workers were included as respondents if they had worked within the past four weeks but were currently unemployed and looking for work or were on workers' compensation/disability or maternity leave.

As compared to 1992, the prevalence of substance use among workers while at work has remained relatively constant for illicit drugs (0.4% in 1992 compared to 1% in 2003). Data was not directly comparable between 1992 and 2002 for alcohol consumption and comparison data was not available from 1992 for tobacco and gambling.

CHART 4-1
PREVALENCE OF SUBSTANCE USE AND GAMBLING IN THE WORKPLACE (WORKER USE WHILE AT WORK)



2002 N=1890-1891; 1992 N=2007

Note: Use at work within the past 12 months for illicit drugs in 2002 and 1992, at work within the past 12 months for alcohol and gambling in 2002, and use at work within the past month for tobacco in 2002.

4.1 TOBACCO USE

Almost one-quarter (22%) of the workforce had smoked or used tobacco *while at work* within the past four weeks. Cigarettes (21%) are more commonly used in the workplace as compared to pipes (0.2%), cigars (1%), snuff (0.2%), or chewing tobacco (1%). Based on this data and Statistics Canada's estimate of the number of workers in Alberta, it is estimated that 368,236 workers use tobacco in the workplace in Alberta.

By occupation, materials handling (52%) and construction (50%) had the highest rates of tobacco use among employees, followed by transportation (46%) and processing (42%). Smoker profiles were developed using Health Canada categories, in which light smokers consume 1 to 10 cigarettes daily, moderate smokers consume 11 to 10 cigarettes daily and heavy smokers consume 20 or more cigarettes daily. Using the Health Canada categories, the transportation (29%) and construction (32%) occupations also had the highest proportion of moderate/heavy smokers.

TABLE 4-2
PREVALENCE OF SMOKING BY OCCUPATION

Occupation	Non Smokers	Smokers	Smoker Profiles			
			Light	Moderate	Heavy	Non-Daily
Materials handling	48%	52%	--	--	--	--
Construction	50%	50%	15%	15%	17%	3%
Transportation equipment operating	54%	46%	17%	9%	20%	0%
Processing	58%	42%	--	--	--	--
Sales	60%	40%	19%	9%	8%	4%
Services	65%	35%	19%	7%	7%	2%
Other	69%	31%	15%	6%	7%	4%
Clerical/office	73%	27%	15%	5%	4%	3%
Manager/professional	78%	22%	10%	5%	4%	4%
Primary occupations	81%	19%	4%	5%	7%	3%
Survey Average	70%	30%	14%	7%	6%	3%

n=1879 -- Too few cases to report

Note: 11 Respondents did not report cigarette consumption levels.

Table 4-3 illustrates that, by industry, the construction industry (46%) and the wholesale and retail industry (39%) had the highest rates of smokers. The construction industry had the highest rate of moderate/heavy smokers (28%) followed by transportation (21%).

TABLE 4-3
PREVALENCE OF SMOKING BY INDUSTRY

Industry	Non Smokers	Smokers	Smoker Profiles			
			Light	Moderate	Heavy	Non-Daily
Construction	54%	46%	15%	12%	16%	4%
Wholesale and retail trade	61%	39%	18%	10%	6%	5%
Upstream oil and gas	64%	36%	--	--	--	--
Transportation	64%	36%	13%	8%	13%	3%
Manufacturing and processing	68%	32%	16%	10%	6%	0%
Other services	68%	32%	16%	7%	7%	3%
Telecommunications	69%	31%	--	--	--	--
Mining/forestry	71%	29%	--	--	--	--
Finance, insurance, real estate	74%	27%	14%	6%	4%	2%
Hospitals/health care	75%	25%	14%	7%	3%	2%
Public administration	76%	24%	--	--	--	--
Agriculture	84%	16%	--	--	--	--
Utilities	84%	16%	--	--	--	--
Social services	84%	16%	--	--	--	--
Education	85%	15%	--	--	--	--
Survey Average	70%	30%	14%	7%	6%	3%

n=1868 -- Too few cases to report

Note: 11 Respondents did not report cigarette consumption levels and 11 respondents did not identify industry.

4.2 ALCOHOL USE

The AUDIT drinker profiles were used to examine the prevalence of drinking by industry and occupation. Although all industries have a high prevalence rate of alcohol use, the utility industry (89%) has the highest proportion of workers who have consumed alcohol within the past year, followed closely by forestry/mining (88%) and public administration (87%). Prevalence of drinking appears to have increased in the utility industry from 1992 to 2002 by 6%. While it does not have the highest proportion of drinkers, the construction industry has the highest prevalence of medium risk (14%), high risk (3%) or very high risk (2%) drinkers. See Table 4-4.

TABLE 4-4
PREVALENCE OF DRINKING BY INDUSTRY

Industry	% Drinkers		2002 Drinking Profiles			
	2002	1992	Low Risk	Medium Risk	High Risk	Very High Risk
Utilities	89%	83%	81%	--	--	--
Forestry/mining	88%	88%	71%	--	--	--
Public administration	87%	79%	79%	--	--	--
Finance, insurance, real estate	85%	89%	81%	--	--	--
Hospitals	85%	74%	81%	--	--	--
Upstream oil and gas	85%	92%	69%	--	--	--
Telecommunications	83%	77%	81%	--	--	--
Construction	83%	84%	65%	14%	3%	2%
Education	81%	71%	77%	--	--	--
Manufacturing and processing	81%	81%	71%	10%	0%	0%
Other services	80%	78%	66%	13%	1%	0%
Transportation	79%	79%	67%	11%	1%	0%
Wholesale and retail trade	79%	83%	64%	12%	3%	0%
Social services	73%	75%	71%	--	--	--
Agriculture	61%	73%	52%	--	--	--
Survey Average	81%	80%	70%	9%	1%	0.1%

2002 n=1875

1992 n=2002

-- Too few cases to report

Note: 4 Respondents did not complete the AUDIT and 11 respondents could not identify the industry in which they worked.

Table 4-5 shows, by occupation, managerial/professional (84%) and transportation equipment operating (83%) have the highest proportion of drinkers. Additionally, prevalence of use has increased in both of these occupations from 1992. The construction occupation has the highest proportion of medium risk (20%), high risk (5%) and very high risk (1%) drinkers.

TABLE 4-5
PREVALENCE OF DRINKING BY OCCUPATION

Industry	% Drinkers		2002 Drinking Profiles			
	2002	1992	Low Risk	Medium Risk	High Risk	Very High Risk
Manager/professional	84%	79%	78%	6%	0.3%	0%
Transportation equipment operating	83%	80%	71%	--	--	--
Clerical/office	81%	82%	76%	--	--	--
Sales	81%	86%	67%	13%	1%	0%
Services	80%	74%	66%	13%	1%	0.3%
Construction	80%	84%	53%	20%	5%	1%
Other	78%	N/A	63%	13%	2%	0%
Materials handling	76%	82%	57%	--	--	--
Processing	74%	81%	61%	--	--	--
Primary occupations	68%	76%	58%	8%	2%	0%
Survey Average	81%	80%	70%	9%	1%	0.1%

2002 n=1886;

1992 n=2007

Note: 4 Respondents did not complete the AUDIT.

-- Too few cases to report

4.2.1 Comparison of 2002 and 1992 Alcohol Use by Industry and Occupation

Using the drinker profiles based on alcohol consumption and frequency levels, the data for 1992 and 2002 was compared by industry and occupation. These comparisons can be found in Table 4-6 (Occupation) and Table 4-7 (Industry).

The percentage of non-drinkers increased from 1992 to 2002 in the following occupations: clerical/office (increase 1%), sales (increase 5%), processing (increase 7%), and primary occupations (7%). Conversely, the occupations of managerial/professional (decrease 6%), construction (decrease 4%) and services (decrease 6%), showed a decrease in the number of non-drinkers, implying increased alcohol consumption in these occupations.

By industry (see Table 4-7), agriculture (increase 13%) and upstream oil and gas (increase 6%) had the greatest increase in percentage of workers indicating they were non-drinkers in 2002 as compared to 1992. The health care industry (decrease 11%) and public administration (decrease 9%) had the most significant decreases in the proportion of non-drinkers across the 10 years.

TABLE 4-6
PREVALENCE OF ALCOHOL FREQUENCY AND CONSUMPTION LEVEL DRINKING PROFILES BY OCCUPATION

Occupation	Drinking Profiles						
	Year	Non-drinkers	Infrequent	Occasional	Regular Light	Regular Moderate to Heavy	Regular Very Heavy
Manager/ professional	2002	16%	26%	30%	15%	9%	3%
	1992	22%	19%	34%	12%	9%	3%
Transportation equipment operating	2002	--	33%	21%	--	--	--
	1992	20%	15%	34%	16%	8%	8%
Clerical/office	2002	19%	38%	20%	14%	--	--
	1992	18%	26%	39%	11%	5%	2%
Sales	2002	19%	25%	26%	18%	6%	6%
	1992	14%	24%	37%	13%	7%	5%
Services	2002	20%	30%	22%	12%	9%	7%
	1992	26%	21%	29%	12%	6%	6%
Construction	2002	20%	14%	30%	17%	--	--
	1992	16%	11%	30%	19%	15%	10%
Other	2002	22%	25%	24%	17%	8%	--
	1992	0%	14%	43%	29%	14%	0%
Materials handling	2002	--	--	--	--	--	--
	1992	19%	11%	35%	17%	9%	9%
Processing	2002	26%	--	33%	--	--	--
	1992	19%	10%	31%	19%	11%	9%
Primary occupations	2002	32%	21%	26%	11%	8%	--
	1992	25%	22%	31%	12%	8%	2%
Survey Average	2002	20%	27%	26%	15%	9%	5%
	1992	20%	20%	34%	14%	8%	5%

2002 n=1884 1992 n=1993 -- Too few cases to report

TABLE 4-7
PREVALENCE OF ALCOHOL FREQUENCY AND CONSUMPTION LEVEL DRINKING PROFILES BY INDUSTRY

Industry	Drinking Profiles						
	Year	Non-drinkers	Infrequent	Occasional	Regular Light	Regular Moderate to Heavy	Regular Very Heavy
Agriculture	2002	39%	26%	15%	11%	--	--
	1992	26%	28%	31%	10%	5%	1%
Forestry/mining	2002	--	--	31%	26%	--	--
	1992	13%	22%	38%	16%	6%	6%
Construction	2002	17%	19%	34%	15%	8%	--
	1992	16%	11%	31%	32%	15%	9%
Telecommunications	2002	--	34%	--	--	--	--
	1992	24%	10%	41%	12%	8%	4%
Wholesale and retail trade	2002	21%	22%	23%	16%	10%	7%
	1992	17%	21%	34%	18%	5%	6%
Education	2002	19%	32%	26%	13%	7%	2%
	1992	29%	21%	30%	9%	7%	5%
Social services	2002	27%	38%	21%	--	--	--
	1992	24%	33%	22%	16%	2%	2%
Public administration	2002	13%	32%	31%	10%	10%	--
	1992	22%	24%	35%	8%	8%	2%
Upstream oil and gas	2002	--	--	31%	--	--	--
	1992	9%	12%	47%	17%	10%	5%
Manufacturing	2002	20%	24%	28%	13%	10%	--
	1992	19%	13%	32%	16%	14%	5%
Transportation	2002	21%	27%	24%	19%	--	--
	1992	21%	21%	29%	12%	14%	4%
Utilities	2002	--	--	--	--	--	--
	1992	17%	4%	38%	8%	17%	17%
Finance	2002	15%	28%	37%	--	11%	--
	1992	12%	28%	40%	14%	5%	2%
Hospitals/health care	2002	15%	36%	28%	14%	6%	--
	1992	26%	22%	37%	8%	4%	3%
Other services	2002	20%	24%	23%	17%	9%	6%
	1992	24%	20%	32%	16%	3%	6%
Other	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	1992	23%	17%	29%	17%	10%	5%
Survey Average	2002	20%	27%	26%	15%	9%	5%
	1992	20%	19%	34%	14%	8%	5%

2002 n=1873; 1992 n=1988 -- Too few cases to report

4.2.2 Alcohol Consumption at Work

The rate of alcohol consumption while at work in 2002 is 11%. However, alcohol consumption at work tends to be infrequent: most respondents reported less than one time per month. The percentage of employees who have consumed alcohol within four hours of coming to work is low and when it occurs, it is also infrequently. Based on Statistics Canada's number of workers in Alberta and proportion of workers who have had a drink while at work, it is estimated that, in 2002, 184,118 workers in Alberta have consumed alcohol at work. See Table 4-8.

TABLE 4-8
RATES OF ALCOHOL CONSUMPTION AT WORK AND WITHIN 4 HOURS OF COMING TO WORK

Time Frame	Yes	Frequency of Occurrence				
		Less than 1 time per month	1-3 times per month	Once a week	2-3 times a week	4+ times a week
While at work?	11%	8%	1%	1%	1%	0.3%
Within 4 hours of coming to work?	4%	3%	1%	1%	0.2%	0.1%

2002 N=1890

Note: The time of surveying in 2002 (November-December) may have artificially increased the percentage of workers who drink at work.

By industry, finance/insurance/real estate has the highest proportion of employees who have consumed alcohol while at work (22%). By occupation, managerial/professional occupations (14%), primary occupations (12%) and clerical/office (11%) occupations have the highest rate of alcohol consumption at work. Refer to Table 4-9 and Table 4-10 for a complete listing of the prevalence of alcohol consumption at work by industry and occupation.

TABLE 4-9
PREVALENCE OF ALCOHOL CONSUMPTION AT WORK BY INDUSTRY

Industry	2002
Finance, insurance, real estate	22%
Other services	18%
Education	12%
Agriculture	11%
Manufacturing and processing	10%
Construction	9%
Wholesale and retail	7%
Telecommunications	--
Upstream oil and gas	--
Utilities	--
Forestry/mining	--
Public administration	--
Transportation	--
Hospitals/health care	--
Social services	--
Survey Average	11%

2002 n=1878

-- Too few cases to report

Note: 12 respondents could not identify the industry in which they worked.

TABLE 4-10
PREVALENCE OF ALCOHOL CONSUMPTION AT WORK BY OCCUPATION

Occupation	2002
Manager/professional	14%
Primary occupations	12%
Clerical/office	11%
Sales	9%
Other	9%
Services	8%
Processing	--
Construction	--
Transportation equipment operating	--
Materials handling	--
Survey Average	11%

2002 N=1890

-- Too few cases to report

4.3 OTHER DRUG USE

4.3.1 Medications

Tables 4-11 and 4-12 illustrate the rates of medication use by industry and occupation. The hospital/health care industry (94%) has the highest rates of medication consumption within the past 12 months; however, eight other industries had consumption levels at or above the 90% range with respect to medications. Employees in the hospital/health care industry are also more likely to consume these medications on a daily basis (18% of employees using medications on a daily basis). By occupation, materials handling (96%), clerical/office (94%), and sales (91%) have a high prevalence of medication use within the past 12 months, and significant daily use by employees.

It should be noted, however, that the nature of some medications requires that they be taken daily. Additional analysis with anti-depressants/mood stabilizers removed lowered the percentages of daily use by approximately 50%. For example, the overall daily use of medications decreased from 13% to 6%.

TABLE 4-11
RATES OF MEDICATION USE BY INDUSTRY

INDUSTRY	% CONSUMED MEDICATION	FREQUENCY					
		Less than 1 time a month	1-3 times a month	Once a week	2-3 times a week	4-6 times a week	Daily
Hospitals/health care	94%	32%	27%	9%	--	--	18%
Public administration	93%	46%	28%	--	--	--	--
Forestry/mining	92%	48%	26%	--	--	--	--
Utilities	92%	48%	--	--	--	--	--
Finance, insurance, real estate	92%	31%	24%	--	--	--	--
Social services	92%	35%	20%	--	--	--	--
Manufacturing and processing	91%	36%	34%	--	--	--	11%
Wholesale and retail trade	90%	31%	30%	6%	6%	--	15%
Education	90%	34%	26%	8%	--	--	14%
Other services	88%	37%	24%	8%	6%	--	12%
Upstream oil and gas	86%	41%	20%	--	--	--	--
Transportation	85%	30%	30%	--	--	--	--
Construction	80%	37%	19%	--	--	--	13%
Telecommunications	77%	27%	37%	--	--	--	--
Agriculture	75%	41%	15%	--	--	--	--
Survey Average	88%	36%	26%	7%	5%	2%	13%

n=1885-1886 -- Too few cases to report

Note: 6 Respondents could not identify the industry in which they worked.

TABLE 4-12
RATES OF MEDICATION USE BY OCCUPATION

OCCUPATION	YES	FREQUENCY					
		Less than 1 time a month	1-3 times a month	Once a week	2-3 times a week	4-6 times a week	Daily
Materials handling	96%	--	--	--	--	--	--
Clerical/office	94%	33%	27%	11%	--	--	17%
Sales	91%	26%	33%	--	--	2%	19%
Manager/professional	90%	35%	28%	7%	5%	3%	13%
Other	88%	39%	25%	--	--	--	12%
Services	86%	38%	23%	7%	6%	--	11%
Processing	81%	37%	26%	--	--	--	--
Construction	81%	40%	17%	--	--	--	17%
Primary occupations	79%	43%	18%	--	--	--	10%
Transportation equipment operating	77%	27%	23%	--	--	--	--
Survey Average	88%	36%	26%	7%	5%	2%	13%

n=1886-1891

Overall, the rate of use of various medications is relatively uniform across industries and occupations. The construction (23%) and materials handling (26%) occupations have slightly higher rates of prescription painkiller use. Refer to Tables 4-13 and 4-14. Due to the small number of workers using anti-depressants, over-the-counter stimulants, tranquilizers, and sleeping pills, rates of use for these medications are not reported by industry and occupation.

TABLE 4-13
RATES OF MEDICATION USE BY INDUSTRY IN THE LAST 12 MONTHS

Industry	Medication Type		
	Cough, cold, sinus problems or allergies	Over-the-counter pain killers	Prescription pain killers
Agriculture	57%	54%	17%
Upstream oil and gas	59%	71%	--
Forestry/mining	64%	74%	--
Manufacturing/processing	60%	80%	21%
Construction	49%	65%	13%
Transportation	63%	66%	15%
Telecommunications	60%	73%	--
Utilities	56%	72%	--
Wholesale and retail trade	60%	77%	14%
Finance, insurance, real estate	61%	77%	12%
Education	61%	78%	13%
Hospitals/health care	64%	84%	14%
Social services	47%	84%	--
Other services	60%	71%	14%
Public administration	60%	80%	19%
Survey Average	59%	74%	15%

n=1885

Note: 6 Respondents could not identify the industry in which they worked.

TABLE 4-14
RATES OF MEDICATION USE BY OCCUPATION IN THE LAST 12 MONTHS

OCCUPATION	MEDICATION TYPE		
	Cough, cold, sinus problems or allergies	Over-the-counter pain killers	Prescription pain killers
Manager/professional	61%	77%	16%
Clerical/office	58%	81%	12%
Sales	65%	82%	14%
Services	57%	71%	13%
Primary occupations	59%	56%	15%
Processing	53%	66%	15%
Construction	52%	65%	23%
Transportation equipment operating	54%	56%	17%
Materials handling	63%	85%	26%
Other	58%	77%	13%
Survey Average	59%	74%	15%

N=1891

4.3.2 Illicit Drugs

Workers seldom use illicit drugs while at work (1%) or within four hours of coming to work (2%). Overall, based on Statistics Canada's estimate of the number of workers in Alberta and the proportion of workers who have used illicit drugs at work in this study, it is estimated that in 2002 a total of 16,738 employees have used drugs at work. However, it should be noted that while drug use at work is not an issue among the general workforce, it is an issue *among drug users that use illicit drugs at work*. Drug users who do use drugs at work are doing so on a regular basis (44% use at work at least once a week). Findings concerning drug use at work are similar for 1992, in which less than 0.5% of workers indicated that they had used illicit drugs at work. See Table 4-15.

TABLE 4-15
RATES OF ILLICIT DRUG CONSUMPTION AT WORK AND WITHIN 4 HOURS OF COMING TO WORK
IN THE PAST 12 MONTHS

TIMEFRAME	YES	Less than 1 time a month	1-3 times per month	Once a week	2-3 times a week	4+ times a week
While at work?	1%	0.3%	0.3%	0.1%	0.1%	0.3%
Within 4 hours of coming to work?	2%	1%	0.2%	0.2%	0.2%	0.3%

N=1891

The construction industry (17%) has a significantly higher proportion of employees who have used drugs within the past 12 months. In most industries, there has been an increase in the proportion of workers reporting drug consumption within the past 12 months from 1992. See Table 4-16.

By occupation, workers in the construction (26%) and services (13%) occupations use drugs more often than do workers in other occupations. See Table 4-17.

Given the small number of reported drug users in the study, drug user profiles (DAST) and drug use at work are not reported by industry and occupation.

TABLE 4-16
RATES OF DRUG CONSUMPTION BY INDUSTRY

INDUSTRY	Consumed Drugs	
	2002	1992
Construction	17%	10%
Manufacturing and processing	14%	8%
Other services	13%	5%
Wholesale and retail trade	11%	7%
Education	6%	3%
Telecommunications	--	5%
Public administration	--	5%
Transportation	--	11%
Upstream oil and gas	--	12%
Forestry/mining	--	10%
Hospitals/health care	--	3%
Utilities	--	4%
Finance, insurance, real estate	--	3%
Social services	--	0%
Agriculture	--	2%
Survey Average	10%	6%

2002 n=1885; -- Too few cases to report

1992 n=2002

Note: 6 Respondents could not identify the industry in which they worked in 2002.

TABLE 4-17
RATES OF DRUG CONSUMPTION BY OCCUPATION

OCCUPATION	Consumed Drugs	
	2002	1992
Construction	27%	12%
Services	13%	6%
Sales	9%	6%
Manager/professional	7%	3%
Materials handling	--	8%
Processing	--	13%
Primary occupations	--	4%
Clerical/office	--	4%
Transportation equipment operating	--	10%
Survey Average	10%	6%

2002 N=1981; -- Too few cases to report

1992 n=2005

4.4 GAMBLING

Gambling, as defined by the survey, is relatively prevalent in all industries and occupations. As shown in Table 4-18, by occupation, workers in transportation are least likely to gamble (48% non-gamblers) and individuals in clerical office (74%) and processing (70%) are most likely to gamble.

Table 4-19 gives the prevalence of gambling by industry. The agriculture (48%), education (45%), and social services (43%) industries have the highest proportion of non-gamblers, and the utilities industry has the highest proportion of gamblers (83% gamble).

TABLE 4-18
GAMBLING BY OCCUPATION

OCCUPATION	Gambler Profile (CPGI)				
	% Gambler	Non-problem	Low risk	Moderate risk	Problem gambler
Transportation equipment operating	52%	45%	--	--	--
Manager/professional	65%	59%	4%	2%	--
Services	65%	56%	6%	3%	--
Construction	65%	55%	--	--	--
Primary occupations	65%	56%	--	--	--
Sales	66%	53%	9%	--	--
Other	68%	56%	10%	--	--
Processing	70%	65%	--	--	--
Clerical/office	74%	65%	7%	--	--
Materials handling	88%	58%	--	--	--
Survey Average	66%	58%	8%	2%	--

N=1891 -- Too few cases to report

TABLE 4-19
GAMBLING BY INDUSTRY

INDUSTRY	Gambler Profile (CPGI)				
	% Gambler	Non-problem	Low risk	Moderate risk	Problem gambler
Agriculture	52%	51%	--	--	--
Education	55%	50%	--	--	--
Social services	57%	53%	--	--	--
Other services	62%	53%	7%	2%	--
Upstream oil and gas	67%	58%	--	--	--
Wholesale and retail trade	67%	56%	9%	--	--
Construction	67%	57%	--	--	--
Telecommunications	68%	57%	--	--	--
Manufacturing/processing	69%	54%	9%	--	--
Transportation	70%	60%	--	--	--
Forestry/mining	71%	58%	--	--	--
Finance, insurance, real estate	73%	71%	--	--	--
Public administration	74%	68%	--	--	--
Hospitals/health care	75%	68%	--	--	--
Utilities	83%	69%	--	--	--
Survey Average	66%	58%	6%	2%	1%

n=1885 -- Too few cases to report

Note: 6 Respondents could not identify the industry in which they worked.

Gambling at work does not appear to have a large impact on the workplace, as few employees regularly gamble while at work (weekly) (see Table 4-20). Overall, based on Statistics Canada's estimate of the number of workers in Alberta and proportion of workers who have gambled at work it is estimated that in 2002, 502,140 workers have gambled at work in this study, although a total of 107,123 workers are gambling on a weekly basis while at work.

TABLE 4-20
RATES OF GAMBLING AT WORK

	Not at all	Less than once a month	1-3 times a week	Once a week	2-3 times a week	4-6 times a week	Daily
While at work	70%	19%	6%	4%	2%	0.2%	0.2%

n=1888

By occupation, materials handling (54%) has a much higher rate of gambling while at work as compared to all other occupations. By industry, the utilities industry had the highest rate of gambling at work (62%), higher than all other industries by at least 18%. See Tables 4-21 and 4-22.

TABLE 4-21
PERCENTAGE OF EMPLOYEES REPORTING GAMBLING AT WORK BY OCCUPATION

Occupation	Gambling While at Work
Materials handling	54%
Clerical/office	35%
Processing	33%
Manager/professional	32%
Services	30%
Sales	29%
Other	26%
Construction	25%
Primary occupations	24%
Transportation equipment operating	--
Survey Average	30%

n=1888 -- Too few cases to report

TABLE 4-22
PERCENTAGE OF EMPLOYEES REPORTING GAMBLING AT WORK BY INDUSTRY

Industry	Gambling While at Work
Utilities	62%
Forestry/mining	44%
Public administration	44%
Finance, insurance, real estate	39%
Hospitals/health care	39%
Manufacturing and processing	35%
Transportation	35%
Telecommunications	34%
Wholesale and retail trade	34%
Upstream oil and gas	31%
Education	25%
Construction	25%
Other services	23%
Social services	--
Agriculture	--
Survey Average	30%

n=1882 -- Too few cases to report

Note: 6 Respondents could not identify the industry in which they worked

SECTION 5: ENVIRONMENTAL WORK FACTORS RELATED TO SUBSTANCE USE AND GAMBLING

Data reported in this section of the report has been obtained from all three surveys, the *Employee*, *Employer* and *Union* Surveys. Data from the 1992 Employer Survey has been weighted to allow comparisons with the 2002 *Employer Survey* due to differences in sampling between the two time frames. The employee and union data was not weighted.

5.1 AVAILABILITY OF SUBSTANCES IN OR NEAR THE WORKPLACE

According to the employees surveyed, alcohol is less likely to be permitted on the work premises in 2002 as compared to 1992 (down to 19% in 2002 from 56% in 1992). However, almost half of the employers in 2002 (43%) and in 1992 (46%) agreed that alcohol was permitted in the workplace sometimes or almost always. Employees in 2002 report that alcohol availability near their worksite has increased since 1992 (56% in 1992 to 61% in 2002). However, fewer employers reported alcohol availability near their worksite (sometimes or almost always) in 2002 compared to 1992 (46% and 50% respectively). As with alcohol, the perception of the availability of drugs near the worksite has increased for employees (+6%) and decreased for employers (-3%) between 1992 and 2002. In 2002, 53% of employers reported permitting tobacco use on the premises sometimes or almost always. Data relating to tobacco use is not available for 1992.

TABLE 5-1
WORKPLACE AVAILABILITY OF TOBACCO, ALCOHOL AND ILLICIT DRUGS

Substance	Employees		Employers	
	2002 (sometimes/most of the time/almost always)	1992 (yes)	2002 (sometimes/ almost always)	1992 (sometimes/ almost always)
Tobacco				
Tobacco use is permitted on the premises*	N/A	N/A	53%	N/A
Alcohol				
Alcohol permitted on premises at work	19%	56%	43%	46%
Alcohol available near the workplace**/main worksite*	61%	56%	46%	50%
Alcohol regularly served on the organization's premises*	N/A	N/A	17%	15%
Illicit Drugs				
Street drugs are used in my workplace	9%	N/A	N/A	N/A
Street drugs are available near the workplace	26%	20%	22%	25%

2002 Employee n=2149-2537, Employer n=374-574;

1992 Employee n=2007, Employer n=201-311.

N/A = Not available

Note: Not asked of those respondents who are self-employed

*employers

**employees

5.1.1 Workplace Alcohol Availability by Industry and Occupation

It appears that overall, employers are more aware of alcohol availability in the workplace, while employees are more aware of availability near the worksite. Refer to Table 5-2. Overall, alcohol appears to be most available to workers in the telecommunications industry as it is commonly available near the work premises (employers—33% and employees—74% agree) and served (employers—50%), or available (employers—60% and employees—24% agree), on the work premises.

Alcohol is also commonly available in the workplaces of agriculture, telecommunications, public administration, finance/insurance/real estate and other service industries as both employers and employees often indicated that alcohol was permitted on the premises. In the industries of public administration, telecommunications, utilities, and forestry/mining, alcohol was most readily available near the worksite.

By occupation, the service, clerical/office and primary occupations most commonly permit alcohol on the workplace premises according to employers. Employees, however, seem less aware of alcohol availability on the workplace premises. Alcohol appears to be equally accessible to all occupations near their main worksite according to both employees and employers (see Table 5-3).

TABLE 5-2
WORKPLACE AVAILABILITY OF ALCOHOL BY INDUSTRY

INDUSTRY	Alcohol is permitted on the premises at work		Alcohol available near workplace/main worksite		Alcohol regularly served on the organization's premises	
	Employer	Employee	Employer	Employee	Employer	Employee
Agriculture	90%	32%	13%	42%	13%	N/A
Telecommunications	60%	24%	33%	74%	50%	N/A
Public administration	60%	25%	60%	71%	11%	N/A
Other services	54%	33%	50%	74%	22%	N/A
Finance, insurance, real estate	53%	32%	45%	73%	7%	N/A
Construction	44%	12%	47%	47%	22%	N/A
Wholesale and retail trade	36%	14%	55%	59%	17%	N/A
Hospitals/health care	36%	9%	64%	58%	10%	N/A
Utilities*	43%	5%	80%	67%	14%	N/A
Manufacturing and processing	33%	13%	42%	45%	6%	N/A
Upstream oil and gas	32%	9%	41%	48%	6%	N/A
Social services	20%	8%	55%	55%	9%	N/A
Transportation	18%	12%	25%	51%	6%	N/A
Education	17%	16%	24%	51%	6%	N/A
Forestry/mining*	0%	15%	50%	58%	0%	N/A
Other	61%	N/A	58%	N/A	40%	N/A
Survey Average	43%	19%	46%	61%	17%	N/A

n=2501-2525 Employee, 458-512 Employer

N/A = Not available

Note: Not asked of those respondents who are self-employed and 12 respondents could not identify the industry in which they worked.

*Note: Caution should be used when interpreting employer data given the small sample sizes for these sectors.

TABLE 5-3
WORKPLACE AVAILABILITY OF ALCOHOL BY OCCUPATION

Occupation	Alcohol is permitted on the premises at work		Alcohol available near workplace/main worksite		Alcohol regularly served on the organization's premises	
	Employer	Employee	Employer	Employee	Employer	Employee
Services	51%	22%	53%	65%	28%	N/A
Clerical/office	46%	24%	58%	64%	7%	N/A
Primary occupations	44%	20%	40%	44%	14%	N/A
Processing	43%	10%	37%	39%	10%	N/A
Manager/professional	41%	20%	38%	65%	10%	N/A
Construction	39%	14%	47%	46%	19%	N/A
Sales	36%	16%	58%	65%	18%	N/A
Materials handling	35%	14%	29%	58%	6%	N/A
Transportation equipment operating	26%	8%	18%	39%	4%	N/A
Other	80%	20%	60%	52%	60%	N/A
Survey Average	43%	19%	46%	61%	17%	N/A

n= 2513- 2537 Employee; 494- 545 Employer

N/A = Not available

Note: Not asked of those respondents who are self-employed.

5.1.2 Workplace Tobacco and Illicit Drug Availability by Industry and Occupation

Not surprisingly, tobacco use is most commonly permitted on the worksite of industries in which workers commonly work outside, including construction (83%) and agriculture (80%). Tobacco use is also common in the workplaces of the manufacturing and processing (78%) and upstream oil and gas (60%) industries. Refer to Table 5-4.

Street drug use in the workplace was reported by employees most frequently in the manufacturing and processing (17%) and the construction (16%) industries and least commonly in social services (4%) or agriculture (3%) industries.

Employees and employers have significantly differing views as to the availability of street drugs near the workplace. Employers in the social service sector (63%) most commonly believe that street drugs are available near their workplace, whereas employees in the telecommunications (31%) and finance/insurance/real estate (29%) commonly indicated street drug availability near their workplace.

By occupation, tobacco use is commonly permitted on the premises of materials handling (85%), primary occupations (81%), processing (78%), construction (77%) and transportation (71%).

As illustrated in Table 5-5, street drugs are used in the workplace and available near the workplace of the construction and materials handling occupations more commonly than among other occupations. Thus, in the construction occupation 26% of employees indicated that street drugs were used in their workplace and 29% of employees said that they were available near their workplace. In materials handling, 19% of employees felt that street drugs were used in their workplace and 30% agreed that they were available near their workplace.

TABLE 5-4
WORKPLACE AVAILABILITY OF TOBACCO AND ILLICIT DRUGS BY INDUSTRY

Industry	Tobacco use is permitted on premises		Street drugs are used in my workplace		Street drugs are available near the workplace	
	Employer	Employee	Employer	Employee	Employer	Employee
Agriculture	80%	N/A	N/A	3%	0%	3%
Upstream oil and gas	60%	N/A	N/A	12%	31%	26%
Forestry/mining*	100%	N/A	N/A	14%	50%	24%
Manufacturing and processing	78%	N/A	N/A	17%	13%	21%
Construction	83%	N/A	N/A	16%	25%	24%
Transportation	53%	N/A	N/A	7%	10%	18%
Telecommunications	56%	N/A	N/A	5%	20%	31%
Utilities*	57%	N/A	N/A	8%	0%	36%
Wholesale and retail trade	49%	N/A	N/A	11%	23%	20%
Finance, insurance, real estate	24%	N/A	N/A	4%	26%	29%
Education	11%	N/A	N/A	7%	26%	32%
Hospitals/health care	9%	N/A	N/A	6%	35%	24%
Social services	25%	N/A	N/A	4%	63%	32%
Other services	54%	N/A	N/A	10%	18%	32%
Public administration	30%	N/A	N/A	6%	20%	28%
Other	63%	N/A	N/A	N/A	21%	N/A
Survey Average	53%	N/A	N/A	9%	22%	26%

n= 2140- 2420 Employee, 331- 515 Employer

N/A = Not available

Note: Not asked of those respondents who are self-employed and 6 respondents could not identify the industry in which they worked.

*Note: Caution should be used when interpreting employer data given the small sample sizes for these sectors

TABLE 5-5
WORKPLACE AVAILABILITY OF TOBACCO AND ILLICIT DRUGS BY OCCUPATION

Occupation	Tobacco use is permitted on premises		Street drugs are used in my workplace		Street drugs are available near the workplace	
	Employer	Employee	Employer	Employee	Employer	Employee
Materials handling	85%	N/A	N/A	19%	0%	30%
Primary occupations	81%	N/A	N/A	13%	23%	16%
Processing	78%	N/A	N/A	16%	15%	13%
Construction	77%	N/A	N/A	26%	20%	29%
Transportation equipment operating	71%	N/A	N/A	10%	0%	18%
Services	57%	N/A	N/A	12%	19%	28%
Sales	40%	N/A	N/A	9%	28%	23%
Clerical/office	32%	N/A	N/A	4%	23%	22%
Manager/professional	22%	N/A	N/A	6%	32%	29%
Other	60%	N/A	N/A	12%	33%	26%
Survey Average	53%	N/A	N/A	9%	22%	26%

n= 2149- 2430 Employee, 359- 549 Employer

N/A = Not available

Note: Not asked of those respondents who are self-employed.

5.2 NORMS CONCERNING AND SOCIAL ACCEPTABILITY OF SUBSTANCE USE AND GAMBLING IN THE WORKPLACE

Workplace norms concerning alcohol appear to have changed since 1992. Fewer employees and employers agreed that co-workers within the workplace frequently go for drinks after work. Additionally, fewer employers indicated that workers drink together at lunch, and that alcohol is served in the workplace at functions or at special occasions. Less than one-quarter (22%) of workers regularly gambled together after work in 2002.

TABLE 5-6
WORKPLACE NORMS SURROUNDING ALCOHOL AND GAMBLING

ACTIVITY	Employees		Employers	
	2002 (sometimes/ most of the time/ almost always)	1992 (yes)	2002 (sometimes/ almost always)	1992 (sometimes/ almost always)
Alcohol				
People who work here frequently go for drinks after work together	62%	70%	75%	33%
Co-workers go for a drink at lunch together	N/A	N/A	11%	28%
Alcohol is served at organization functions	N/A	N/A	75%	90%
Alcohol is served at organization's premises, on special occasions	N/A	N/A	48%	59%
Gambling				
People who work here often gamble together after work	22%	N/A	N/A	N/A

2002 Employee n=2385-2476, Employer n=487-537

1992 Employee n=1989, Employer n=289-318

N/A = Not available from 1992 or 2002

Note: Not asked of those respondents who are self-employed.

Drinking at lunch or gambling after work with co-workers is relatively infrequent across all industries and occupations. Refer to Table 5-7 and Table 5-8. The industries of public administration (40%), utilities (29%), and agriculture (25%) more commonly had co-workers who drank together at lunch as compared to all other industries. Workers in the processing occupation (36%) were more likely to gamble together after work compared to workers in other occupations.

Drinking after work with co-workers is more common than either drinking at lunch or gambling after work. Across the majority of industries and occupations, employers were more likely than employees to indicate that co-workers frequently go for drinks together after work. Employers in the public administration (90%) industries report frequently drinking with co-workers, while employees in the telecommunications industry (84%) were most likely to report drinking together after work.

By occupation, both employers and employees in the processing and materials handling most frequently agreed that co-workers were drinking together after work.

TABLE 5-7
NORMS CONCERNING ALCOHOL AND GAMBLING IN THE WORKPLACE BY INDUSTRY

Industry	People who work here frequently go for drinks after work together		Co-workers go for a drink at lunch together	People who work here often gamble together after work
	Employer	Employee	Employer	Employee
Forestry/mining*	100%	80%	0%	23%
Utilities*	100%	66%	29%	24%
Public administration	90%	59%	40%	20%
Agriculture	88%	32%	25%	16%
Construction	84%	68%	16%	26%
Upstream oil and gas	82%	73%	18%	27%
Education	82%	60%	9%	15%
Other services	82%	63%	12%	24%
Manufacturing and processing	76%	71%	7%	28%
Transportation	71%	58%	7%	25%
Wholesale and retail trade	71%	57%	8%	23%
Telecommunications	67%	84%	17%	26%
Finance, insurance, real estate	62%	63%	4%	14%
Hospitals/health care	58%	59%	5%	18%
Social services	44%	46%	0%	22%
Other	69%	N/A	11%	N/A
Survey Average	75%	62%	11%	22%

Employee n=2374-2464, Employer n=435-437

Note: Not asked of those respondents who are self-employed and 12 respondents could not identify the industry in which they worked

N/A = Not available

*Note: Caution should be used when interpreting employer data given the small sample sizes for these sectors

TABLE 5-8
NORMS CONCERNING ALCOHOL AND GAMBLING IN THE WORKPLACE BY OCCUPATION

OCCUPATION	People who work here frequently go for drinks after work together		Co-workers go for a drink at lunch together	People who work here often gamble together after work
	Employer	Employee	Employer	Employee
Materials handling	100%	75%	13%	28%
Processing	85%	74%	15%	36%
Construction	81%	73%	15%	23%
Clerical/office	79%	55%	10%	15%
Primary occupations	79%	60%	0%	28%
Services	76%	59%	7%	25%
Manager/professional	72%	64%	16%	18%
Sales	68%	58%	9%	25%
Transportation equipment operating	52%	45%	4%	23%
Other	60%	67%	20%	29%
Survey Average	75%	62%	11%	22%

Employee n=2385-2476, Employer n=470-474

Note: Not asked of those respondents who are self-employed

Neither employees nor employers commonly agreed that street drug use or gambling is a socially acceptable activity within their workplace in 2002. As compared to employees, employers were slightly more inclined to agree or strongly agree that gambling and sports pools, betting, and joint lottery ticket purchases was socially acceptable within the organization.

TABLE 5-9
SOCIAL ACCEPTABILITY OF DRUG USE AND GAMBLING IN THE 2002 WORKFORCE

	Employees			Employers		
	Strongly Disagree/Disagree	Neutral	Strongly Agree/Agree	Strongly Disagree/Disagree	Neutral	Strongly Agree/Agree
Drug Use						
Street drug use is a socially acceptable activity among people that work here**	90%	5%	5%	N/A	N/A	N/A
Gambling						
Gambling is a socially acceptable activity among people that work here** (at my organization*)	57%	19%	23%	34%	31%	35%
Sports pools, betting, and joint lottery purchases are a common activity among the people that work here** (at my organization*)	52%	17%	31%	43%	23%	35%

Employee n=2468-2510, Employer n=495-506

Note: Not asked of those respondents who are self-employed.

N/A = Not available

*employers

**employees

5.3 INVITATIONS TO DRINK OR GAMBLE IN THE WORKPLACE

Employees are more likely to receive invitations to drink from other co-workers, followed by customer/clients, and supervisors/managers. In 2002, employees reported receiving more invitations to drink by a customer/client, co-workers and supervisor/manager, than did employees in 1992. Invitations to drink from a supplier have declined from 1992. Few employees are invited to gamble by customers/clients (2%), co-workers (6%), supervisors/managers (3%) or suppliers (1%). See Table 5-10.

TABLE 5-10
EMPLOYEE REPORTS OF INVITATIONS TO DRINK AND GAMBLE

Invited by a...	Drink		Gamble	
	2002	1992	2002	1992
Customer or client	22%	16%	2%	N/A
Co-worker*	45%	37%	6%	N/A
Supervisor or manager	21%	6%	3%	N/A
Supplier	7%	13%	1%	N/A

2002 Employee n=1502-1830;

1992 Employee n=1202-1598

Note: Asked only of those respondents who have worked in the last 4 weeks.

*Not asked of respondents who are self-employed or owner-managers.

N/A = Not available

The propensity to be invited to drink was slightly higher in the construction and sales occupations than in all other occupations. See Table 5-11 for details. In addition, construction workers in 2002 were more likely to be invited to drink by a customer/client, co-worker and supervisor/manager than they were in 1992. Compared to 1992 sales workers, those in 2002 were also more commonly invited to drink by a customer/client, co-worker, supervisor/manager and supplier.

TABLE 5-11
EMPLOYEE REPORTS OF INVITATIONS TO DRINK BY OCCUPATION

Occupation	Customer or Client		Co-worker		Supervisor or Manager*		Supplier	
	2002	1992	2002	1992	2002	1992	2002	1992
Managerial/professional	22%	18%	46%	32%	22%	9%	9%	14%
Clerical	16%	7%	37%	33%	19%	2%	3%	12%
Sales	29%	19%	54%	33%	25%	7%	12%	9%
Service	22%	19%	48%	39%	22%	3%	5%	13%
Primary occupations	21%	15%	28%	32%	19%	7%	8%	9%
Processing	21%	18%	49%	47%	16%	11%	10%	16%
Construction	27%	18%	50%	45%	27%	4%	15%	16%
Transportation equipment operating	10%	12%	44%	43%	10%	5%	0%	10%
Materials handling	17%	7%	50%	54%	18%	2%	6%	14%
Other	19%	N/A	44%	N/A	21%	N/A	4%	N/A
Survey Average	22%	16%	45%	37%	21%	6%	7%	13%

2002 Employee n= 1830-1582.

1992 Employee n=1205-1602

Note: Asked only of those respondents who have worked in the last 4 weeks.

*Not asked of respondents who are self-employed or owner-managers.

By industry, workers in the construction and finance/insurance/real estate industries were most likely to be invited to drink. See Table 5-12 for details. Compared to 1992, invitations to drink have increased in these two industries. Construction workers had a greater probability of being invited to drink by customers/clients, co-workers and supervisors/managers in 2002 than in 1992. Similarly, finance/insurance/real estate workers had a greater probability of being invited to drink by customers/clients, co-workers and supervisors/managers in 2002.

Although not as frequently, workers in the telecommunications industry were also commonly invited to drink by a wide range of the people they work with.

TABLE 5-12
EMPLOYEE REPORTS OF INVITATIONS TO DRINK BY INDUSTRY

INDUSTRY	Customer or Client		Co-worker		Supervisor or Manager*		Supplier	
	2002	1992	2002	1992	2002	1992	2002	1992
Agriculture	18%	14%	17%	20%	8%	4%	8%	19%
Forestry/mining	17%	5%	54%	46%	37%	8%	12%	12%
Construction	30%	19%	52%	45%	25%	7%	18%	19%
Telecommunications	29%	27%	50%	43%	17%	11%	9%	8%
Wholesale/retail trade	21%	15%	52%	39%	23%	4%	9%	11%
Education	12%	4%	41%	22%	16%	1%	1%	4%
Social Services	7%	12%	26%	42%	10%	0%	0%	17%
Public administration	19%	9%	42%	33%	22%	1%	3%	7%
Upstream oil and gas	25%	18%	56%	44%	23%	9%	14%	14%
Manufacturing and processing	30%	15%	49%	44%	28%	9%	16%	23%
Transportation	12%	10%	46%	40%	20%	3%	4%	13%
Utilities	16%	17%	40%	29%	24%	13%	4%	13%
Finance, insurance, real estate	33%	24%	50%	37%	23%	8%	10%	8%
Hospitals/health care	11%	3%	38%	19%	13%	2%	2%	8%
Other services	29%	16%	49%	43%	25%	4%	7%	10%
Other	N/A	24%	N/A	42%	N/A	11%	N/A	18%
Survey Average	22%	16%	45%	37%	21%	6%	7%	13%

2002 Employee n=1572-1795;

1992 Employee n=1202-1598

Note: Asked only of those respondents who have worked in the last 4 weeks and 12 respondents could not identify the industry in which they worked.

*Not asked of respondents who are self-employed or owner-managers.

Materials handling (17%) and sales (10%) workers were significantly more likely to be invited to gamble by co-workers than were workers in all other occupations (see Table 5-13). Similarly, co-workers in the industries of construction (10%) and forestry/mining (10%) had a greater propensity to invite each other to gamble than did co-workers in other industries (see Table 5-14).

TABLE 5-13
EMPLOYEE REPORTS OF INVITATIONS TO GAMBLE BY OCCUPATION

Occupation	Customer or Client	Co-worker	Supervisor or Manager*	Supplier
Managerial/professional	2%	4%	2%	0.4%
Clerical	2%	4%	1%	0%
Sales	5%	10%	3%	2%
Services	2%	9%	4%	1%
Primary occupations	6%	5%	5%	2%
Processing	5%	8%	0%	3%
Construction	3%	9%	4%	1%
Transportation equipment operating	0%	5%	0%	0%
Materials handling	0%	17%	4%	0%
Other	2%	7%	2%	0%
Survey Average	2%	6%	3%	1%

n=1609-1830

Note: Asked only of those respondents who have worked in the last 4 weeks.

*Not asked of respondents who are self-employed or owner-managers.

TABLE 5-14
EMPLOYEE REPORTS OF INVITATIONS TO GAMBLE BY INDUSTRY

Industry	Customer or Client	Co-worker	Supervisor or Manager*	Supplier
Agriculture	2%	2%	0%	0%
Forestry/mining	6%	10%	7%	4%
Construction	2%	10%	5%	1%
Telecommunications	0%	2%	8%	0%
Wholesale/retail trade	3%	8%	4%	1%
Education	1%	3%	2%	0%
Social Services	2%	2%	0%	0%
Public administration	1%	3%	1%	0%
Upstream oil and gas	4%	8%	2%	2%
Manufacturing and processing	5%	9%	1%	2%
Transportation	0%	5%	1%	0%
Utilities	0%	4%	0%	0%
Finance, insurance, real estate	4%	4%	2%	0%
Hospitals/health care	2%	4%	1%	1%
Other services	3%	8%	3%	0.2%
Other	N/A	N/A	N/A	N/A
Survey Average	2%	6%	3%	1%

n=1625-1825

Note: Asked only of those respondents who have worked in the last 4 weeks and 6 respondents could not identify the industry in which they worked.

*Not asked of respondents who are self-employed or owner-managers.

5.4 JOB FACTORS RELATED TO WORKPLACE SUBSTANCE USE AND GAMBLING

In 1992, the research examined whether certain work design characteristics predisposed a worker to substance use and/or abuse. These job design characteristics included whether or not an employee's work involved boredom, repetitive tasks, on-call work, a job site remote from home, travel, shift work, a compressed work week, working overtime, or entertaining clients. For most jobs, job design characteristics were found to be unrelated to drinking frequency in 1992, with the exception of working at a remote job site and travelling for work.

In 2002, the same job design characteristics were examined for significant relationships between overall alcohol consumption and frequency of consumption. In addition, in 2002, the research examined the relationship between job stress, job satisfaction, perception of the job as a career and workplace/pre-workplace (four hours prior) consumption of alcohol and drugs by employees.

No significant relationship was revealed between alcohol or other drug consumption at work, or four hours prior to coming to work, and job stress, perception of a job as a career and job satisfaction in 2002.

As in 1992, a relationship was found between frequency of alcohol consumption and the job design characteristics of a remote work site and travelling on the job in 2002. Employees who travelled for work (11% compared to 5%) and those who worked at a remote site (11% compared to 6%) were more likely to drink four or more times a week than those who did not.

In addition to the relationships between drinking frequency and work at a remote job site or travelling for work, in 2002 relationships were also found for other work design characteristics. The work design characteristics and their relationship to frequency of drinking were as follows:

- Working long hours, including overtime, was more strongly correlated with high levels of weekly drinking. Workers whose work involved long hours and overtime were more likely to drink two to three times a week (21%) compared to those who did not (15%) (Chi-square Pearson Correlation .00003).
- Work that involved entertaining or being entertained by clients, suppliers or other business contacts was correlated with higher levels of weekly drinking. Workers who entertained were more likely to drink weekly, either two to three times a week (25% compared to 16%) or four or more times a week than those whose work does not involve entertaining (10% compared with 7%) (Chi-square Pearson Correlation .00001).

SECTION 6: IMPACTS OF SUBSTANCE USE AND GAMBLING IN THE WORKPLACE

6.1 THE PERCEIVED IMPACT OF SUBSTANCE USE AND GAMBLING ON EMPLOYEE PERFORMANCE

As shown in Table 6-1, compared to 1992, employers in 2002 show a decrease in concern about the effects of employee alcohol and illicit drug use on the image of their organization, employee and public safety/health, employee productivity and organizational infrastructure. There has been a significant decline in the proportion of employers very concerned about their organization's public image and reputation, employee safety and health and public safety with respect to employee alcohol/drug use.

Employers and unions differed in their concerns regarding the impact of employee alcohol and illicit drug use. While the *order* of concerns remained the same for each group since 1992, the *degree* of concern shifted with employers becoming less concerned about these issues and unions becoming more concerned. Employers were most concerned about the impact on organizational reputation (34% down from 51% in 1992), then the organization's public image (33% down from 52% in 1992), and thirdly employee safety (27% down from 45% in 1992). Unions were concerned about employee safety (77% up from 62% in 1992), co-worker safety (74% up from 62% in 1992), and employee health (69% up from 58% in 1992).

Neither employers nor union representatives appear very concerned about the effects of gambling on the workplace. Union representatives, however, are more likely to express concern than employers about the negative impacts of worker gambling on organization/union image (28% concerned compared to 14%).

TABLE 6-1
EMPLOYERS' AND UNION REPRESENTATIVES' CONCERNS ABOUT THE EFFECTS OF
ALCOHOL AND DRUG USE AND GAMBLING ON EMPLOYEE PERFORMANCE

	% Very Concerned			
	Employers		Union Representatives	
Degree of concern about impact of employee alcohol and drug use on: . .	2002	1992	2002	1992
Organization's/union's public image	33%	51%	66%	46%
Organization's reputation	34%	52%	N/A	N/A
Employee*/Worker** safety	27%	45%	77%	62%
Co-worker safety	N/A	N/A	74%	62%
Public safety	24%	44%	66%	54%
The work environment***	N/A	N/A	68%	28%
Employee*/Worker** health	23%	40%	69%	58%
Absenteeism	18%	26%	N/A	N/A
Tardiness	18%	25%	N/A	N/A
Productivity	21%	35%	N/A	N/A
Quality of product or service	25%	38%	N/A	N/A
Turnover	18%	22%	N/A	N/A
Equipment damage	22%	33%	N/A	N/A
Employee theft	20%	36%	N/A	N/A
Employee sabotage	17%	28%	N/A	N/A
Degree of concern about impact of employee gambling on:	2002	1992	2002	1992
Employee theft	15%	N/A	N/A	N/A
Employee health	14%	N/A	N/A	N/A
Organization's/union public image	14%	N/A	28%	N/A
Organization's reputation	14%	N/A	N/A	N/A
Productivity	11%	N/A	N/A	N/A
Quality of product or service	11%	N/A	N/A	N/A
Worker safety	N/A	N/A	27%	N/A
Co-worker safety	N/A	N/A	26%	N/A
Work environment	N/A	N/A	29%	N/A
Absenteeism	10%	N/A	N/A	N/A
Employee sabotage	10%	N/A	N/A	N/A

N/A = Not available

2002 Employer n=505-532, Union n=77-86

1992 Employer n=289-305, Union n=40

* Employer

** Union

*** Wording changed from "the environment" in 1992 to "the work environment" in 2002.

6.2 WORK-RELATED PROBLEMS ASSOCIATED WITH SUBSTANCE USE AND GAMBLING

6.2.1 Employee Reporting of Problems

Very few employees reported that they have experienced any work-related problems as a result of their alcohol (1%), illicit drug (0.2%) or medication use (2%) or as a result of gambling (0.1%). Employee reporting of work-related problems associated with alcohol use has remained the same since 1992. Refer to Table 6-2.

Among those employees who reported work-related problems associated with alcohol use, the most commonly reported problems were missing a day of work (39%), arriving late for work (23%), working at less than their normal capacity (23%), or producing work of lower quality (15%).

TABLE 6-2
WORK-RELATED PROBLEMS RESULTING FROM ALCOHOL/ILLCIT DRUG USE
AND GAMBLING REPORTED BY EMPLOYEES*

Activity	No Problems Reported		Problems Reported	
	2002	1992	2002	1992
Alcohol use	99%	99%	1%	1%
Illicit drug use	100%	100%	0.2%	1%
Medication use	98%	N/A	2%	N/A
Gambling	100%	N/A	0.1%	N/A

2002, n=1887-1891; 1992, n=730-2007

*Problems occurring in the last 12 months

6.2.2 Employer and Union Reporting of Problems

Employers reported that during the previous month few specific work-related incidents occurred as a result of worker tobacco, alcohol or illicit drug use had been brought to their attention. The most common problem reported by employers was workers arriving late for work or taking too many breaks from work as a result of their smoking (19%). With respect to the impacts of alcohol or illicit drug use, employers most commonly reported awareness that use resulted in workers missing a day of work (16%) or arriving late for work (15%). There has been a decline in the proportion of employer reports of workers missing a day of work or arriving late for work due to alcohol or illicit drug use in 2002 compared to 1992. Ten percent or fewer employers reported awareness of any other negative effects related to worker tobacco, alcohol or illicit drug use. See Table 6-3.

Union representatives were much more likely than employers to be aware of work-related incidents linked to alcohol and illicit drug use among members during the past month. Half of all union representatives indicated that they were aware of members missing a day of work (50%) or arriving late for work (49%) due to alcohol and illicit drug use. These levels have increased from levels reported in 1992. Union representatives were also commonly aware of members taking

leave from their job to undergo treatment for alcohol or illicit drug use (40%) and being dismissed (27%), sent home (26%) and suspended (26%) for alcohol and illicit drug use. The greater awareness of workplace incidents linked to alcohol and illicit drug use among union representatives may account for their increased concern over work safety and health. In addition to missing work or arriving late, awareness of additional workplace incidents were reported more often in 2002, as compared to 1992. These included members being sent home due to impairment, members being caught stealing, and members caught using drugs on the job.

TABLE 6-3
EMPLOYER AND UNION AWARENESS OF EMPLOYEE SUBSTANCE USE
INCIDENTS DURING THE PAST MONTH

Incident involving an employee / member:	Reported Awareness of Incident			
	Employers		Union Representatives	
	2002	1992	2002	1992
Late for work or took too many breaks from work due to smoking	19%	N/A	N/A	N/A
Missed a day of work due to alcohol/drug use	16%	19%	50%	40%
Arrived late for work due to alcohol/drug use	15%	19%	49%	31%
Caught smoking on the job in an area not permitted	11%	N/A	N/A	N/A
Work pace was slowed	10%	9%	23%	24%
Made a lot of mistakes	6%	4%	19%	16%
Dismissed	6%	6%	27%	21%
Was sent home due to impairment	5%	3%	26%	11%
Was sent home due to a hangover	5%	3%	11%	16%
Took leave to undergo treatment	4%	5%	40%	36%
Suspended	3%	2%	26%	21%
Took extended sick leave	3%	3%	N/A	N/A
Subject of a customer or client complaint	3%	2%	N/A	N/A
Caught using alcohol on the job	2%	3%	11%	8%
Caught using drugs on the job	2%	3%	11%	3%
Caught stealing company or client property	2%	1%	10%	0%
Two or more workers got into a fight	2%	1%	9%	5%
Assigned other duties for the day	1%	1%	13%	8%
Reassigned for a longer period	1%	1%	10%	5%
Actions resulted in accidental damage to equipment or property	1%	1%	3%	0%
Actions resulted in injury to a co-worker	0%	0.3%	0%	0%
Injured on the job	0.2%	0.1%	1%	0%
Actions resulted in injury to someone outside the organization	0.2%	0.1%	1%	0%
Suspected of sabotaging equipment	0.4%	0.1%	4%	0%
An on-call member arrived at work impaired	N/A	2%	8%	5%

2002 Employer n=502-542, Union n=68-83;

1992 Employer n=305-317, Union n=40-73

Table 6-4 illustrates that, as with alcohol- or illicit drug-related workplace problems, union representatives were more likely than were employers to be aware of workplace incidents linked to gambling among employees during the past month. Very few employers reported any problems in association with worker gambling (less than 4%). Among union representatives; however, 19% reported awareness that members missed a day of work and 13% reported awareness that members arrived late for work due to their gambling. Approximately one in ten (11%) union representatives was aware of a member who took leave of work to undergo treatment for gambling.

TABLE 6-4
EMPLOYER AND UNION AWARENESS OF EMPLOYEE GAMBLING
INCIDENTS DURING THE PAST MONTH

Incident involving an employee / member:	Reported Awareness of Incident	
	Employers	Union Representatives
Arrived late for work	3%	13%
Missed a day of work	2%	19%
Took leave to undergo treatment for gambling problems	0.2%	11%
Was caught stealing from the company or client	1%	6%

Employer n= 494-521, Union n=63-69

6.3 ORGANIZATIONAL COSTS ASSOCIATED WITH SUBSTANCE USE AND GAMBLING

Workers were asked if their substance use and/or gambling had resulted in their not coming in to work the next day or coming in to work but operating at less than 50% capacity. In addition, they were asked to indicate how many times within the last year they had not come in to work the next day or operated at less than 50% capacity due to alcohol, illicit drug use, or gambling.

Table 6-5 illustrates that very few employees reported missing work due to their drinking (4%), illicit drug use (0.4%) or gambling (0.1%). Further, those who did report missing work did not miss many days within a year. Workers were more likely to have come to work but operated at less than 50% capacity due to their drinking (6%), illicit drug use (0.6%) or gambling (0.2%) and to do this frequently within a year.

TABLE 6-5
PREVALENCE OF EMPLOYEES MISSING WORK OR OPERATING AT LESS THAN 50% NORMAL ACTIVITY
DUE TO SUBSTANCE USE OR GAMBLING

Missed Work (next day)			Came to Work but Operated at 50% or Less of Normal Activity		
Activity	Prevalence	Average Number of Days Missed	Activity	Prevalence	Average Number of Days
Drinking	4%	3 (n=77)	Drinking	6%	5 (n=115)
Drug Use	0.4%	3 (n=7)	Drug Use	0.6%	18 (n=12)
Gambling	0.1%	2 (n=1)	Gambling	0.2%	39 (n=3)

n=1887-1891

In order to estimate the hours lost and financial cost of missed days or lost productivity (working at less than 50% capacity) due to alcohol, substance abuse and gambling, the survey estimates were applied to known population (workforce) parameters that included average number of hours worked weekly and average wage within Alberta's workforce. Appendix D of the Technical Appendix details the calculations used for this estimate. Table 6-6 illustrates that in 2002, based on employee reporting of missed days and lost productivity, the cost to employers due to alcohol, drug use and gambling was approximately 4 million hours and \$74 million.

This estimated cost lost is in no way comprehensive as it does not include the costs incurred by employers to replace missing workers, or for additional staff time or overtime to make up lost productivity during low productivity days. It also does not include the costs incurred by employers due to workplace incidents, such as accidents that injure workers or damage property. A comprehensive estimate of such costs would likely be significantly higher.

TABLE 6-6
TOTAL ESTIMATED HOURS LOST AND FINANCIAL COST DUE TO MISSED DAYS AND
LOST PRODUCTIVITY FROM ALCOHOL, DRUG USE AND GAMBLING

Activity	Impact due to missed days		Impact due to lost productivity		Total	
	\$ Millions	Millions of hours	\$ Millions	Millions of hours	\$ Millions	Millions of hours
Alcohol	\$18.59	0.971	\$32.59	1.702	\$51.18	2.673
Drug Use	\$2.49	0.130	\$13.15	0.687	\$15.64	0.817
Gambling	\$0.24	0.012	\$7.00	0.365	\$7.24	0.377
Total	\$21.32	1.113	\$52.74	2.754	\$74.06	3.867

Note: These costs do not include health care costs, costs due to accidents, or costs associated with lost production or lost sales.

For an example of some of the other costs that would need to be included in a comprehensive cost estimate, the reader is asked to refer to Table 6-7. Employers were asked to indicate whether or not a short list of workplace events had been a cost to their organization as a result of substance use. This list is by no means comprehensive, but serves to illustrate some of the organizational costs employers reported due to worker alcohol and illicit drug use. From the list provided, lost production due to absenteeism (27%), cost of temporary workers (18%) and wages paid to absent workers (15%) were the three organizational costs employers most commonly experienced in association with alcohol and illicit drug use among employees. Employers reported experiencing fewer costs in association with gambling or problems associated with gambling among workers.

TABLE 6-7
TOP THREE ORGANIZATIONAL COSTS ASSOCIATED WITH ALCOHOL AND DRUG USE AND GAMBLING—
AADAC EMPLOYER SURVEY

Top Three Costs	% Some or Modest/Major Cost	
	2002	1992
Costs associated with alcohol and drug use		
Lost production from absenteeism or work slowdowns due to alcohol or illicit drug problems	27%	22%
Cost of temporary workers to replace absent workers	18%	8%
Wages paid to workers who are absent from work to due an alcohol or illicit drug use problem	15%	16%
Costs associated with gambling		
Lost production from absenteeism or work slowdowns due to gambling problems	7%	N/A
Loss of valued customers/clients due to a reduction in the quality of a product or service	6%	N/A
Cost of temporary workers to replace absent workers	5%	N/A

N/A = Not available

2002 n=539-548 1992 n=228

SECTION 7: WORKPLACE REACTION TO SUBSTANCE USE AND GAMBLING

7.1 EMPLOYER AND EMPLOYEE PERCEIVED SERIOUSNESS OF GAMBLING AND THE USE OF TOBACCO, ALCOHOL AND OTHER DRUGS

The results of the *Employer Survey* suggest that employee use of tobacco, alcohol and drugs and employee gambling are not seen as a very serious problem in most organizations. However, employers feel that while these issues are not a problem in their organizations they may be more problematic for their industry as a whole, given that they were more likely to indicate that the use of alcohol, drugs and gambling was a "moderately serious" problem for their industry. Therefore, although only 14% of employers indicated that alcohol use was a "moderately serious" problem in their organization, 23% felt that it was a "moderately serious" problem in the industry as a whole.

As shown in Table 7-1, as compared with 1992, more employers in 2002 indicated they were unable to assess the seriousness of alcohol and drug use in their industry. Employers did not feel that alcohol and drug use was more of a serious issue in 2002 as compared to 1992 and, in fact, there was a slight decline in the percentage of respondents indicating drug and alcohol use was a (moderately or extremely) serious problem in 2002.

Of all types of problems, employers in 2002 felt that tobacco usage was the most serious, with 32% of employers rating it as a (moderately or extremely) serious problem in their organization, and 36% rating it as such for their industry.

Twenty percent (20%) of employers in 2002 perceived alcohol use as (moderately or extremely) serious problem for their organization, compared to 32% for their industry as a whole. The 1992 findings demonstrated a lower perception of seriousness of alcohol use within organizations (10%) as compared to 2002 findings, but higher across employer industries (36%).

Illicit drug use is more frequently perceived by 2002 employers as a serious problem within their organization than in 1992, but is less frequently seen as a serious problem for their industry. Thirteen percent (13%) of employers rated illicit drug use as a (moderately or extremely) serious problem in their organization in 2002, compared to 7% in 1992. For their industry as a whole, 18% employers rated illicit drug use as a (moderately or extremely) serious problem in 2002, compared to 22% in 1992.

Gambling in 2002 was felt to be a (moderately or extremely) serious problem within employers' organizations for 9% of employers, and at 14%, across employer industries.

TABLE 7-1
SERIOUSNESS OF EMPLOYEE TOBACCO, ALCOHOL AND DRUG USE AND EMPLOYEE GAMBLING
WITHIN INDUSTRIES AND ORGANIZATIONS AS RATED BY EMPLOYERS

Type of Problem	Extremely Serious		Moderately Serious		Not Very Serious		Do Not Know*	
	2002	1992	2002	1992	2002	1992	2002	1992
Employee Use in Organization								
Tobacco	8%	N/A	23%	N/A	65%	N/A	3%	N/A
Alcohol	6%	2%	14%	8%	72%	78%	9%	12%
Drugs	6%	3%	7%	4%	65%	69%	23%	24%
Gambling	4%	N/A	5%	N/A	79%	N/A	13%	N/A
Employee Use in Industry								
Tobacco	12%	N/A	24%	N/A	40%	N/A	23%	N/A
Alcohol	8%	10%	24%	26%	37%	34%	31%	30%
Drugs	6%	5%	12%	17%	40%	39%	42%	38%
Gambling	4%	N/A	10%	N/A	45%	N/A	41%	N/A

*This was the only question reported with "do not know" from 1992

N/A = Not available from 1992

2002 n=755

1992 n=198-282

Employers in specific industries were found to have more frequently rated tobacco, alcohol and illicit drug use as extremely serious problems. As shown in Table 7-2, tobacco usage was rated an extremely serious problem by employers in transportation (13%). Alcohol use was most often perceived as extremely serious by employers in the transportation industries (14%) and public administration (11%). Illicit drug use was seen as extremely serious by 16% of upstream oil and gas employers and 13% of employers in the manufacturing/processing industries.

TABLE 7-2
SERIOUSNESS OF EMPLOYEE TOBACCO, ALCOHOL AND DRUG USE IN THE ORGANIZATION
AS RATED BY EMPLOYERS BY INDUSTRY

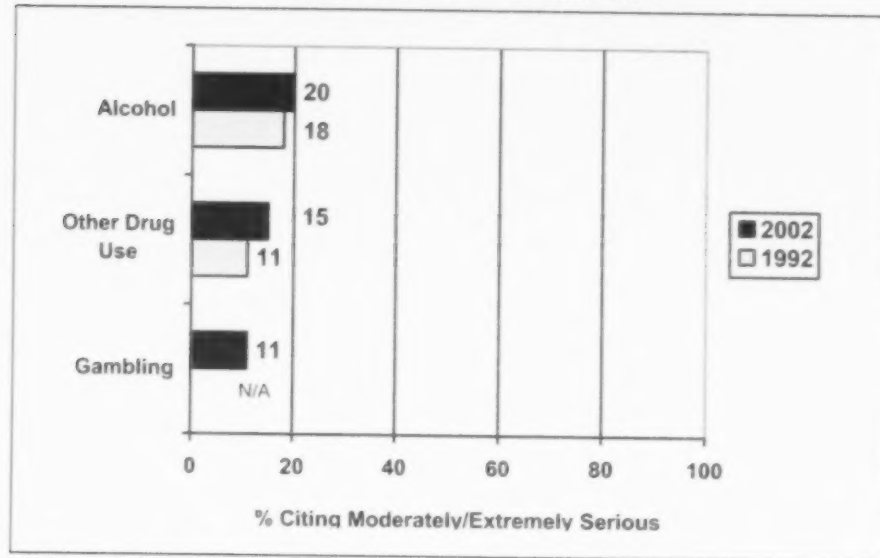
INDUSTRY	Extremely serious problem in organization		
	Tobacco use (n=669)	Alcohol use (n=635)	Drug use (n=540)
Forestry/mining*	25%	0%	0%
Transportation	13%	14%	11%
Manufacturing and processing	11%	8%	13%
Other services	11%	7%	10%
Construction	11%	7%	4%
Wholesale/retail trade	10%	9%	5%
Telecommunications	8%	9%	11%
Social services	8%	0%	0%
Education	5%	5%	5%
Upstream oil and gas	4%	7%	16%
Finance, insurance, real estate	4%	4%	5%
Public administration	0%	11%	0%
Agriculture	0%	0%	0%
Utilities*	0%	0%	0%
Hospitals/health care	0%	0%	0%
Other	7%	3%	5%
Survey Average	8%	6%	6%

Note: DK/NR with respect to seriousness of problems range from 3% to 23% and 62 respondents could not specify the industry in which they worked.

*Caution should be used when interpreting given the small sample sizes for these sectors

Chart 7-3 demonstrates employee perceptions of the seriousness of alcohol, illicit drug use and gambling in the workplace. Survey results indicated that employees felt both alcohol and drug use in the workplace was a more serious problem in 2002 than in 1992. Employees rated alcohol use in the workplace a serious problem (moderately or extremely) 20% of the time (compared to 18% in 1992). Fewer respondents considered illicit drug use problematic, with 15% of employees rating it a serious problem (compared to 11% in 1992). Gambling in the workforce was seen as a problem by 11% of employees in 2002.

CHART 7-3
EMPLOYEE PERCEPTIONS AS TO THE SERIOUSNESS OF ALCOHOL AND
SUBSTANCE ABUSE IN THE WORKPLACE



2002 n=2445-2498; 1992 n=1995-1998

Note: Not asked of those respondents who were self-employed.

Table 7-4 details employer perceived seriousness of tobacco, alcohol and illicit drug use by company size. Tobacco use was considered to be a more serious problem (extremely serious) by employers whose companies were larger (13% for those with 200 or more employees) compared to those that were smaller. Conversely, alcohol and drug use was considered to be not as serious a problem for larger companies (0% of companies with 500 or more employees rating it extremely serious) compared to those with fewer employees.

TABLE 7-4
SERIOUSNESS OF EMPLOYEE TOBACCO, ALCOHOL AND DRUG USE WITHIN ORGANIZATIONS
AS RATED BY EMPLOYERS BY EMPLOYER SIZE

Company Size	Extremely serious problem in organization		
	Tobacco use (n=720)	Alcohol use (n=683)	Drug use (n=578)
Less than 10 employees	7%	8%	10%
10 to 49 employees	9%	7%	5%
50 to 199 employees	8%	9%	11%
200 to 499 employees	13%	3%	0%
500+ employees	13%	0%	0%
Survey Average (n=585-729)	8%	7%	7%

Note: DK/NR range from 5-23%.

7.2 EMPLOYER AND UNION REACTION TO SUBSTANCE USE AND GAMBLING

7.2.1 Typical Organizational Responses to Substance or Gambling Related Problems in the Workplace

Employers were asked how their organization would typically respond to employee alcohol, illicit drug and gambling related workplace incidents. Responses varied depending on the type of incident in 2002. Refer to Table 7-5 for details. The incidents for which employers most frequently said they would react by employee dismissal included theft when gambling was suspected to play a role (77% of employers), or accidents in which drugs or alcohol were suspected to have played a role (37%). Employers would be more likely to dismiss employees when accidents involved injury to someone (56%) than when damage was done to property only (37%) when alcohol or illicit drugs were suspected to have played a role.

Seventy percent (70%) of employers stated they would typically give a warning to employees who arrived for work "hungover." Near misses involving alcohol or illicit drugs would be grounds for a warning from 45% of employers.

Stated employer reaction to employees arriving to work drunk or high would most frequently be suspension (43%), although an employee warning (42%) would also be a common response.

Responses in 2002 were similar to those in 1992, although employers of the 2002 survey were offered the option of referring an employee to counselling. Employer responses differed in the 2002 results in their reaction to workers who had an accident that damaged property for which drugs and alcohol were suspected to have been involved. In 1992, the most common typical response would be to issue a warning (50% when involving alcohol, 39% when involving drugs), whereas employers' most common response in 2002 would be dismissal (37%).

TABLE 7-5
TYPICAL ORGANIZATIONAL RESPONSES TO INITIAL EMPLOYEE SUBSTANCE USE
OR GAMBLING RELATED WORKPLACE INCIDENTS

Incident An Employee:	Three Most Common Employer Reports*			
	2002	Suspension - 43%	Warning - 42%	Dismissal - 23%
Arrived for work drunk or high	2002	Suspension - 43%	Warning - 42%	Dismissal - 23%
	1992	Suspension of one day or less - 71%	Warning - 16%	Suspension of between over a day and less than a week - 9%
Arrived for work hung over	2002	Warning - 70%	Suspension - 18%	Refer to counselling - 12%
	1992	Warning - 62%	Suspension of one day or less - 27%	No action - 7%
Had an accident that damaged property only and drugs/alcohol was suspected to play a role	2002	Dismissal - 37%	Warning - 34%	Suspension - 34%
	1992 - alcohol	Warning - 50%	Dismissal - 27%	Suspension of between over a day and less than a week - 9%
	1992 - drugs	Warning - 39%	Dismissal - 36%	Suspension of one day or less - 13%
Was involved in a near miss in which drugs/alcohol was suspected to have played a role	2002	Warning - 45%	Suspension - 30%	Refer to counselling - 30%
	1992 - alcohol	Warning - 76%	Suspension of one day or less - 8%	Dismissal - 6%
	1992 - drugs	Warning - 69%	Dismissal - 15%	Suspension of one day or less - 8%
Had an accident that injured someone and drugs/alcohol was suspected to play a role	2002	Dismissal - 56%	Suspension - 34%	Refer to counselling - 30%
	1992 - alcohol	Dismissal - 67%	Suspension of more than a day but less than a week - 15%	Warning - 7%
	1992 - drugs	Dismissal - 72%	Suspension of more than a day but less than a week - 14%	Warning - 5%
Caught for theft and gambling was suspected to have played a role**	2002	Dismissal - 77%	Refer to counselling - 24%	Suspension - 18%

2002 n=477-527

1992 n=74-77

Note: DK NR range from 30% - 37% for 2002, 4% - 8% for 1992; percentages may not add to 100% due to multiple response.

* Survey questions were split between responses for alcohol and illicit drugs in 1992, and combined in 2002

** Question not asked in 1992

Table 7-6 demonstrates employers' reactions to apparent impairment by employee size, by operating budget and by percentage of non-permanent full-time employees.

Overall, employers were consistent in stating they were more likely to escort impaired employees home from the workplace rather than allow the individual to go home on his or her own. Employers of very large organizations (500 or more employees) most often stated they would have the individual escorted home (95%). Similarly, companies from the largest group of operating budgets (\$100 million or more) were most likely to escort impaired individuals home (89%). These responses may be a result of very large organizations more often having unions and/or formal practices in place in the event of such incidents.

TABLE 7-6
EMPLOYER REACTION TO APPARENT IMPAIRMENT BY EMPLOYEE SIZE, OPERATING BUDGET,
AND PERCENTAGE OF NON-PERMANENT FULL-TIME EMPLOYEES

	Reaction	
	Escort the individual home	Allow the individual to go home on his/her own
Employee Size		
Less than 10 employees	86%	14%
10 to 49 employees	87%	13%
50 to 199 employees	81%	19%
200 to 499 employees	87%	13%
500+ employees	95%	5%
Operating Budget		
Less than 1 million	86%	15%
\$1 million to \$4.9 million	86%	14%
\$5 million to \$19.9 million	84%	16%
\$20 million to \$99.9 million	83%	17%
\$100 million or more	89%	11%
% of Non-permanent Full-time Employees		
0%	83%	17%
1-25%	91%	9%
26-75%	84%	16%
76-100%	83%	17%
Survey Average	86%	14%

n=492-504

Note: DK/NR rate = 31%

7.2.2 Employer and Union Reaction to Long-Term Substance- or Gambling-Related Problems in the Workplace

As demonstrated in Table 7-7, employer and union responses to employee/member substance use problems through treatment differed, and reactions from both groups on the issue has changed since 1992.

While employers were most often found to offer a short-term leave without pay (50%) for employee treatment for substance use problems, union representatives reported their members typically were offered sick leave with full pay (as cited by 51% of union representatives). Employers in 2002 were more likely than in 1992 to offer short-term leaves without pay (50% in 2002 compared to 35% in 1992) and less likely to dismiss the employee (11% in 2002 compared to 20% in 1992). On the other hand, union representatives reported that they were less likely in 2002 to offer their members sick leave with full pay than in 1992 (51% in 2002 compared to 65% in 1992), and more likely to offer sick leave with partial pay (34% compared to 18%).

TABLE 7-7
EMPLOYERS' AND UNION REPRESENTATIVES' OPINIONS WITH RESPECT TO
EMPLOYEE/MEMBER TREATMENT FOR SUBSTANCE USE PROBLEMS

Reaction	Employers		Unions	
	2002	1992	2002	1992
Offer a short term leave without pay	50%	35%	15%	18%
Offer sick leave with full pay	17%	18%	51%	65%
Offer sick leave with partial pay	16%	20%	34%	18%
Dismissal of the employee	11%	20%	N/A	N/A
Suspension of the employee	8%	6%	N/A	N/A

2002 Employers n=407, Union n=74; 1992 Employers n=262, Union n=34

Note: DK/NR for 2002 46% Employer, 16% Union; 1992 18% Employer, 15% Union

Note: Percentages may not add to 100% due to rounding.

N/A=Not available from 1992 or 2002.

Organizations with the highest number of employees (500 or more) were most likely to offer sick leave with full pay (45%) or partial pay (35%). Similarly, those organizations with the highest operating budgets (\$100 million or more) were most likely to offer sick leave with partial pay (67%), while those of the \$20 million to \$99.9 million operating budget group were most likely to offer full pay (56%). Smaller organizations were more likely to dismiss employees who sought treatment for substance abuse problems, with 16% of employers of companies of less than 10 employees stating that they would respond with dismissal. See Table 7-8 for details.

Organizations with 75% or more of their total workforce in unions were most likely to offer sick leave with full pay (45%), while those with no unionized employees were most likely to offer a short-term leave without pay (57%).

Internationally based companies differed in their workplace policies regarding employees seeking treatment for substance use problems when compared to those companies based within Alberta or other parts of Canada. No employers from organizations whose headquarters were outside Canada stated that their employees would be dismissed if they sought treatment for substance abuse problems (0%), compared to 11% of employers from companies based within Alberta or

outside of Alberta but within Canada. Internationally-based organizations were also more likely to offer sick leave with full pay (25%) or partial pay (50%) than were those based in Alberta (17% and 14% respectively) or in the rest of Canada (11% and 26% respectively).

TABLE 7-8
EMPLOYER RESPONSE TO EMPLOYEE TREATMENT FOR SUBSTANCE USE PROBLEMS BY EMPLOYEE SIZE, OPERATING BUDGET, PERCENTAGE OF EMPLOYEES BELONGING TO A UNION, AND ORGANIZATION HEADQUARTERS

	Reaction				
	Offer sick leave with partial pay	Offer a short term leave without pay	Offer sick leave with full pay	Suspension of the employee	Dismissal of the employee
Employee Size					
Less than 10 employees	12%	58%	6%	9%	16%
10-49 employees	15%	51%	18%	7%	9%
50-199 employees	22%	44%	22%	4%	7%
200-499 employees	10%	40%	35%	10%	5%
500+ employees	35%	5%	45%	10%	5%
Operating Budget					
Less than 1 million	15%	57%	8%	8%	13%
\$1 million to \$4.9 million	16%	48%	20%	7%	10%
\$5 million to \$19.9 million	9%	56%	24%	7%	4%
\$20 million to \$99.9 million	19%	6%	56%	13%	6%
\$100 million or more	67%	0%	33%	0%	0%
% of Union Employees					
None	14%	57%	10%	8%	12%
Less than 10%	38%	38%	13%	13%	0%
10-24%	0%	50%	0%	50%	0%
25-49%	33%	17%	50%	0%	0%
50-74%	17%	22%	52%	4%	4%
75% or more	24%	19%	45%	2%	10%
Organization Headquarters					
In Alberta	14%	51%	17%	8%	11%
Outside Alberta but within Canada	26%	49%	11%	3%	11%
Outside Canada	50%	17%	25%	8%	0%
Survey Average	16%	50%	17%	8%	11%

n=389-407

Note: DK/NR with respect to reaction = 46% - 48%

Employers who stated they offered time away with partial pay to workers to obtain treatment for substance use problems were asked what percentage of take home pay such employees received. While answers varied considerably, employers most often (49%) offered 50% to 60% of pay, although a significant portion offered 61% to 70% (29%) and 71% to 100% (22%).

As demonstrated in Table 7-9, size of organization by employee size and operating budget did not appear to have consistent impacts on the proportion of pay workers were given during leave for treatment. Smaller firms, in terms of number of employees, most often paid lower proportions of employee pay, with those of less than 10 employees demonstrating the highest portion of those employers paying only 50% to 60% of worker pay (63%); however, employers with high operating budgets also made up a high number of this group, with employers of operating budgets of \$100 million or more also often (67%) paying only 50% to 60% of employees' pay during treatment.

TABLE 7-9
PERCENTAGE OF TAKE HOME PAY WORKER RECEIVED TO OBTAIN
TREATMENT BY EMPLOYEE SIZE AND OPERATING BUDGET

	% of Pay		
	50-60%	61-70%	71-100%
Employee Size (n=45)			
Less than 10 employees	63%	25%	13%
10 to 49 employees	50%	27%	23%
50 to 199 employees	33%	33%	33%
200 to 499 employees	50%	50%	0%
500+ employees	50%	25%	25%
Operating Budget (n=44)			
Less than 1 million	58%	21%	21%
\$1 million to \$4.9 million	44%	25%	31%
\$5 million to \$19.9 million	25%	50%	25%
\$20 million to \$99.9 million	50%	50%	0%
\$100 million or more	67%	33%	0%
Survey Average	49%	29%	22%

Note: Only asked of those respondents whose company offers sick leave with partial pay.

Those employers who reported offering assistance for their employees were asked what approaches they used following employee treatment for substance use problems. A vast majority (71%) of employers offered time off for ongoing treatment, while a significant percentage (41%) also offered follow-up or aftercare programs in the workplace. See Table 7-10 for details.

TABLE 7-10
EMPLOYER APPROACHES USED FOR ASSISTING EMPLOYEES' RETURN TO THE
WORKFORCE FOLLOWING TREATMENT FOR SUBSTANCE USE PROBLEMS

Approach	%
Time off for ongoing treatment	71%
Follow-up or aftercare program in the workplace	41%
Reassignment to other work areas	27%
Coaching/training of co-workers and supervisors	22%
Other	11%

n=92

Note: DK NR=6%

Note: Only asked of those respondents who reported offering assistance; may add to more than 100% due to multiple responses

It should be noted that union representatives (100%) in both 1992 and 2002 stated that members retain their union membership and benefits if taking leave to undergo treatment for substance use problems.

7.2.3 Existence of Formal Policies

The number of employers reporting formal policies on substance use in the workplace has increased from 1992. In 1992, 26% of employers had formal policies regarding substance use (not specified as to drug or alcohol), as compared to 61% of employers who have formal policies on alcohol and 60% who have formal policies on drug use in 2002. In 2002, 50% of employers indicated that they have formal policies on tobacco use in the workplace. Further, only 11% of employers have formal policies relating to gambling in the workplace and 8% of employers use drug testing. Employee findings demonstrate an increase in alcohol and drug policies from one-third (33%) in 1992 to approximately three-quarters (72% for alcohol and 75% for illicit drugs) in 2002. Alcohol and drug testing, as reported by union representatives, has also increased (5% in 1992 compared to 29% in 2002). These results are shown in Table 7-11.

TABLE 7-11
EXISTENCE OF FORMAL POLICIES ON TOBACCO, ALCOHOL, DRUGS, GAMBLING AND DRUG TESTING

Type of formal policy or testing	Employers		Employees		Unions	
	2002	1992	2002	1992	2002	1992
Alcohol policy*	61%	26%*	72%	33%*	80%	N/A
Drug policy*	60%		75%		79%	N/A
Tobacco policy	50%	NA	68%	50%	64%	N/A
Gambling policy	11%	NA	24%	N/A	25%	N/A
Alcohol or illicit drug testing	8%	1%	N/A	N/A	29%	5%

2002 Employers n=675-726; Unions n=72-82; Employees n=2128-2479

1992 Employers n=312-316; Unions n=40; Employees n=1495

*Note: Alcohol and illicit drugs combined in 1992

N/A = Not available

Table 7-12 demonstrates the existence of formal policies on tobacco, alcohol, illicit drugs and gambling as well as of alcohol and illicit drug testing, as reported by employers, by industry.

"White-collar" sectors, overall, tended to have formal policies with regard to tobacco use, while those in resource or labour-based sectors more commonly had formal workplace policies concerning drugs and alcohol use, and fewer on tobacco. For example, 84% of employers from the education sector reported formal workplace policies on tobacco, while upstream oil and gas had some of the highest incidence of formal drug (93%) and alcohol policies (89%).

Formal policies on gambling were less common, overall, than on tobacco, alcohol and illicit drug use, although some industries reported significant incidences of formal policies on gambling. For example, a relatively high portion of employers in telecommunications (30%), social services (25%) and construction (21%) reported formal workplace policies on gambling.

Alcohol and illicit drug testing were most common in upstream oil and gas (46%), transportation (33%) and construction (23%). These industries feature higher probabilities of serious injury or damage resulting from workplace accidents.

TABLE 7-12
EXISTENCE OF FORMAL POLICIES ON TOBACCO, ALCOHOL, DRUGS/GAMBLING
AND DRUG TESTING BY INDUSTRY AS REPORTED BY EMPLOYERS

Industry	Formal Policies				Alcohol or Illicit Drug Testing
	Tobacco	Alcohol	Drugs	Gambling	
Education	84%	81%	79%	9%	0%
Hospitals/health care	76%	58%	63%	9%	4%
Social services	67%	75%	67%	25%	7%
Public administration	67%	44%	44%	11%	0%
Finance, insurance, real estate	64%	63%	63%	16%	0%
Upstream oil and gas	59%	89%	93%	8%	46%
Other services	51%	48%	44%	7%	0%
Forestry/mining*	50%	100%	100%	0%	75%
Telecommunications	50%	58%	58%	30%	0%
Construction	47%	75%	73%	21%	23%
Manufacturing and processing	42%	62%	62%	2%	12%
Wholesale/retail trade	39%	49%	49%	11%	1%
Transportation	33%	76%	76%	0%	33%
Agriculture	31%	62%	54%	15%	8%
Other	49%	57%	55%	14%	2%
Utilities*	29%	43%	43%	0%	14%
Survey Average	50%	61%	60%	11%	8%

n= 625, 669

Note: DK NR with respect to formal policies range from 3%-11% and 62 respondents could not specify the industry in which they worked.

*Note: Caution should be used when interpreting given the small sample sizes for these sectors

Table 7-13 examines the existence of formal policies and alcohol or illicit drug testing among those industries that reported high incidences of tobacco, alcohol or illicit drug use. The highest rates of moderate/heavy smokers are found in the construction (28%) and transportation (21%) industries (refer to Table 4-3). Employees and employers in construction report having fewer tobacco policies (41% and 47% respectively) than those in transportation (66% and 33% respectively).

The highest rates of at-risk drinkers are found in construction (19%) and wholesale/retail trade (15%) industries (refer to Table 4-4). In comparison, employers (49%) and employees (74%) in the wholesale/retail trade report having formal policies on alcohol, and in the construction sector, employers (75%) and employees (66%) reported such policies. In addition, only 1% of employers in wholesale/retail trade conduct alcohol or drug testing compared to 23% in construction.

Reported employee drug consumption is highest among the construction (17%) industry (refer to Table 4-16). Although drug use is highest among employees in construction, only 23% report conducting alcohol or drug testing for that industry.

TABLE 7-13
EXISTENCE OF SUBSTANCE TESTING AND FORMAL POLICIES ON TOBACCO, ALCOHOL, DRUGS,
AND GAMBLING BY INDUSTRY* AS REPORTED BY EMPLOYEES AND EMPLOYERS

Industry	Formal Policies/ Alcohol or Illicit Drug Testing									
	Tobacco		Alcohol		Drugs		Gambling		Alcohol or Illicit Drug Testing	
	Employee	Employer	Employee	Employer	Employee	Employer	Employee	Employer	Employee	Employer
Construction	41%	47%	66%	75%	70%	73%	17%	21%	N/A	23%
Manufacturing and processing	76%	42%	74%	62%	77%	62%	26%	2%	N/A	88%
Wholesale/retail trade	63%	39%	74%	49%	75%	49%	26%	11%	N/A	1%
Upstream oil and gas	71%	59%	85%	89%	92%	93%	23%	8%	N/A	46%
Transportation	66%	33%	81%		82%	76%	24%	0%	N/A	33%
Utilities**	85%	29%	92%	43%	94%	43%	23%	0%	N/A	14%
Forestry/mining**	66%	50%	100%	100%	86%	100%		0%	N/A	75%

n=2116-2377

Note: DK/NR range from 13%-25%.

*Examined industries with high incidences of smokers, drinkers, gamblers, and/or drug users.

**Caution should be used when interpreting, given the small sample sizes for these sectors.

In general, those organizations with larger numbers of employees were most likely to have formal policies on tobacco, alcohol and illicit drugs, and gambling. See Table 7-14 for details. Organizations with 500 or more employees were more likely to report the existence of formal policies on tobacco (88%), alcohol (81%), and illicit drugs (81%). Employers from this group also most often had formal alcohol and illicit drug testing policies (25%). Organizations with 200 to 499 employees had the highest incidence of formal gambling policies (19%). A similar relationship was demonstrated between formal workplace policies and size of operating budget, with employers of organizations with the highest operating budgets most commonly having tobacco, alcohol and illicit drug policies. In addition, those organizations with the highest operating budget (\$100 million or more) also had the highest reports of alcohol and illicit drug testing (50%).

Organizations whose headquarters are located in Alberta were least likely to have formal policies or testing in place. Only about one-half of Alberta-based organizations had formal policies on tobacco (49%), alcohol (58%), illicit drugs (57%), and only a tenth (10%) had a policy on gambling. Organizations whose headquarters were outside of Canada were the most likely to have formal policies and to undertake formal alcohol and illicit drug testing.

TABLE 7-14
FORMAL POLICIES AND TESTING BY EMPLOYEE SIZE, OPERATING BUDGET, PERCENTAGE OF
EMPLOYEES BELONGING TO A UNION, AND ORGANIZATION HEADQUARTERS

	Formal Policy				Alcohol/ Illicit Drug Testing
	Tobacco	Alcohol	Illicit Drugs	Gambling	
Employee Size					
Less than 10 employees	38%	42%	42%	9%	2%
10 to 49 employees	51%	69%	68%	14%	8%
50 to 199 employees	67%	80%	79%	11%	21%
200 to 499 employees	71%	71%	71%	19%	10%
500+ employees	88%	81%	81%	8%	25%
Operating Budget					
Less than 1 million	41%	49%	49%	11%	2%
\$1 million to \$4.9 million	56%	70%	69%	12%	10%
\$5 million to \$19.9 million	61%	73%	73%	12%	20%
\$20 million to \$99.9 million	68%	68%	68%	17%	25%
\$100 million or more	80%	93%	93%	0%	50%
% of Union Employees					
None	45%	56%	56%	10%	7%
Less than 10%	63%	88%	88%	0%	25%
10-24%	43%	71%	71%	40%	14%
25-49%	86%	86%	86%	0%	17%
50-74%	93%	85%	85%	18%	7%
75% or more	83%	86%	86%	15%	21%
Organization Headquarters					
In Alberta	49%	58%	57%	10%	7%
Outside Alberta but within Canada	54%	79%	79%	20%	12%
Outside Canada	71%	81%	81%	22%	19%
Survey Average	50%	61%	60%	11%	8%

n=481-726

Note: DK/NR range from 4%-36%.

7.2.4 CHARACTERISTICS OF FORMAL POLICIES AND DRUG TESTING PROGRAMS

Detailed in Table 7-15 are components of the formal substance use and gambling workplace policies as identified by employers and union representatives. The two most common components of these policies, as reported by employers, are the prohibition of alcohol and illicit drug use across the organization (reported by 84% of employers) and the provision of a smoke-free workplace (72%). In 1992, the two most common policies were the prohibition of alcohol and illicit drug use across the organization (84%) and the provision of a smoke-free workplace (66%).

Union respondents most frequently stated that the components of their formal policies included provision of sick leave for members undergoing treatment (87%) and prohibition of alcohol and illicit drug use across the members' organization (83%). In 1992, the two most common components identified were provision of sick leave for members seeking treatment (77%) and progressive discipline to deal with substance use problems in the members' organization (64%).

TABLE 7-15
COMPONENTS OF FORMAL POLICIES ON SUBSTANCE USE AND GAMBLING PROGRAMS

Component	Employers		Unions	
	2002	1992	2002	1992
Prohibition of alcohol and illicit drug use across the organization	84%	84%	83%	59%
Provision of a smoke-free workplace	72%	66%	72%	59%
Progressive discipline to deal with substance use problems in the organization	68%	59%	78%	64%
Promotion of work wellness (or health promotion in the workplace)	65%	31%	77%	36%
Provision of sick leave for employees/members undergoing treatment	54%	43%	87%	77%
Information sessions for all employees/members on the organization's substance use policies	46%	22%	48%	36%
Prohibition of gambling in the workplace	45%	N/A	32%	N/A
Provision to reassign employees/members facing alcohol and illicit drug use problems	31%	13%	41%	27%
Provision of information for all employees/members on the organization's policies regarding gambling	30%	N/A	14%	N/A

2002 n=322-418 Employer, 43-47 Union

1992 n= 69-71 Employer, 40 Union

Note: DK NR 2002 range = 43%-57% Union, 14%-25% Employer, 1992 = 20%-22% Employer, 2%-14% Union

Note: Only asked of respondents whose workplaces collective agreements have formal policies.

N/A = Not available from 1992.

Union representatives were asked their perceptions of the effectiveness of components of substance use and gambling workplace policies. As shown in Table 7-16, provision of sick leave for members undergoing treatment was most frequently rated "very effective" by union representatives (67%), followed by the provision of a smoke-free workplace (55%).

TABLE 7-16
UNION REPRESENTATIVES' PERCEPTION OF THE EFFECTIVENESS
OF SUBSTANCE USE AND GAMBLING POLICIES

Policy	% Very Effective
Provision of sick leave for members undergoing treatment	67%
Provision of a smoke-free workplace	55%
Promotion of work wellness (or health promotion in the workplace)	46%
Provision to reassign employees facing alcohol and illicit drug use problems	42%
Progressive discipline to deal with substance use problems in the organization	37%
Information sessions for all employees on the organization's substance use policies	36%

n=76-80

Note: DK/NR range=0% - 5%

Those employers and union representatives whose employees' /members' workplaces featured alcohol or illicit drug testing programs were asked about the characteristics of those programs. See Table 7-17 for details. Employers most frequently stated that their testing programs for alcohol and illicit drugs included drug testing after an accident (81% for alcohol, 85% for illicit drugs). Other common characteristics included testing on referral by a supervisor (74% for both alcohol and for illicit drugs) and pre-employment testing (53% for alcohol and 59% for illicit drugs). Only about a half of employers with testing policies undertook random worker testing for either alcohol or illicit drugs, ranging from 54% of employers randomly drug testing all employees to 44% randomly drug testing a defined set of workers.

Union representatives gave responses similar to those given by employers overall, although they were less likely than employers to report for all program characteristics except drug testing after a near miss, after which they were slightly more likely than employers to test for alcohol (6% more likely) or illicit drugs (1% more likely).

TABLE 7-17
CHARACTERISTICS OF ALCOHOL OR DRUG TESTING PROGRAMS

Characteristic	Employers		Unions	
	Alcohol	Drugs	Alcohol	Drugs
Drug testing after an accident	81%	85%	80%	75%
Testing on referral by a supervisor	74%	74%	67%	67%
Pre-employment testing	53%	59%	50%	55%
Drug testing after a near miss	52%	52%	58%	53%
Random testing of all workers/members	48%	54%	33%	33%
Random testing of a defined set of workers/members	46%	44%	40%	40%
Periodic medicals	22%	22%	N/A	N/A

n=50-58 Employers, 15-20 Union

Note: DK/NR range = 2% - 15% Employer, 9% - 32% Union

Note: Only asked of respondents whose workplaces conduct alcohol or drug testing.

N/A = Not available.

As demonstrated in Table 7-18, employers in both 1992 (1%) and 2002 (8%) with workplace alcohol or drug testing were asked to rate the effectiveness of the drug-testing program at their organization in reducing alcohol and illicit drug use problems in the workplace. In 2002, over half (52%) said their alcohol testing program had been (very or somewhat) effective, a slight (5%) increase from 1992. Over half (54%) also said their drug testing program had been (very or somewhat) effective, a significant drop of 24% since 1992.

Employers were more likely in 2002 to state the program had been "very effective" for both alcohol use problems (increase of 22%) and drug use problems (increase of 10%) than in 1992. Employers in 1992 were far more likely to state that they did not know the effect that the program had had on alcohol problems (54%). In 2002, 24% of employers said that the program had had no noticeable effect on alcohol use problems, and 22% said the same for drug use problems, whereas no (0%) respondents had stated they saw no noticeable effect in 1992.

TABLE 7-18
EMPLOYER RATING OF THE EFFECTIVENESS OF THE DRUG TESTING PROGRAM

Effect in reducing	Very Effective		Somewhat Effective		No Noticeable Effect		Don't Know/ No Response	
	2002	1992	2002	1992	2002	1992	2002	1992
Alcohol use problems in the workplace	32%	10%	20%	37%	24%	0%	24%	54%
Drug use problems in the workplace	37%	27%	17%	51%	22%	0%	24%	22%

2002 n=59

1992 n=4

Note: Only asked of respondents whose workplaces conduct alcohol or drug testing.

Employers and union representatives were asked to identify the actions that had worked best for their organizations in responding to alcohol, illicit drug and gambling problems in their workplace.¹⁰ The top five most frequently identified choices are shown in Table 7-19. Employers most frequently identified the promotion of tobacco-free (38%) and drug-free workplaces (32%) through the media as those that had worked best. Union representatives most commonly identified the provision of opportunities to undergo residential treatment without threat of job loss for alcohol and illicit drugs (89%) and for gambling (81%) as the actions that had worked best.

¹⁰ Refers to members' workplace when union data is discussed.

TABLE 7-19
TOP 5 EMPLOYER/UNION IDENTIFIED METHODS OF RESPONDING TO ALCOHOL,
ILLICIT DRUG AND GAMBLING PROBLEMS

Employer		Union	
Method	%	Method	%
Promotion of "tobacco-free" workplaces through the media	38%	Provision of opportunities to undergo residential treatment for alcohol and illicit drugs without threat of job loss	89%
Promotion of "drug-free" workplaces through the media	32%	Provision of opportunities to undergo residential treatment for gambling without threat of job loss	81%
Provision of opportunities to undergo residential treatment for alcohol and illicit drugs without threat of job loss	31%	Provision of information on alcohol and illicit drug use in the workplace	81%
Promotion of "alcohol-free" workplaces through the media	29%	Provision of opportunities to undergo out-patient treatment for alcohol and illicit drugs without threat of job loss	78%
Provision of information on alcohol and illicit drug use in the workplace	29%	Provision of opportunities to undergo out-patient treatment for gambling without threat of job loss	75%

Employer n=384, Union n=83;

DK/NR Employer = 49%, Union = 6%.

Note: Percentages do not add to 100% due to multiple responses.

7.2.5 Availability and Characteristics of Employee Assistance Programs (EAPs) and Member Assistance Programs (MAPs)

The reported availability of employee assistance programs (EAPs) has increased significantly since 1992. In 2002, more than one-quarter (28%) of employers reported the presence of EAPs at their organizations, compared to less than one in 10 (9%) in 1992, and 90% of union representatives reported their presence compared to 72% in 1992. More employers also reported the presence of member assistance programs (MAPs) in 2002 (13% compared to 8% in 1992), though union reporting of the availability of MAPs was similar (41% compared to 43% in 1992). Table 7-20 demonstrates these results.

TABLE 7-20
EMPLOYERS AND UNION REPRESENTATIVES REPORTING THE AVAILABILITY OF EAPS AND MAPS

EAPs				MAPs			
Employer Reporting		Union Reporting		Employer Reporting		Union Reporting	
2002	1992	2002	1992	2002	1992	2002	1992
28%	9%	90%	72%	13%	8%	41%	43%

2002 Employer n=601-658, Union n=79-80

1992 Employer n=302-316, Union n=36-37

2002 DK/NR Employer=13%-20%, Union=9%-10%; 1992 Employer=2%-6%, Union=8%-10%

Overall, employees were more likely than employers to report the availability of EAPs. In analyzing the availability of EAPs and MAPs by industry, employers in the education industry reported the highest number of EAPs (78%), and those in other services the lowest (5%). Employers in the education industry also reported the highest number of MAPs (59%). Employees in the utilities industry rated the highest number of EAPs (92%), and agriculture the lowest at 11% (see Table 7-21).

TABLE 7-21
AVAILABILITY OF EAPS AND MAPS IN 2002 BY INDUSTRY

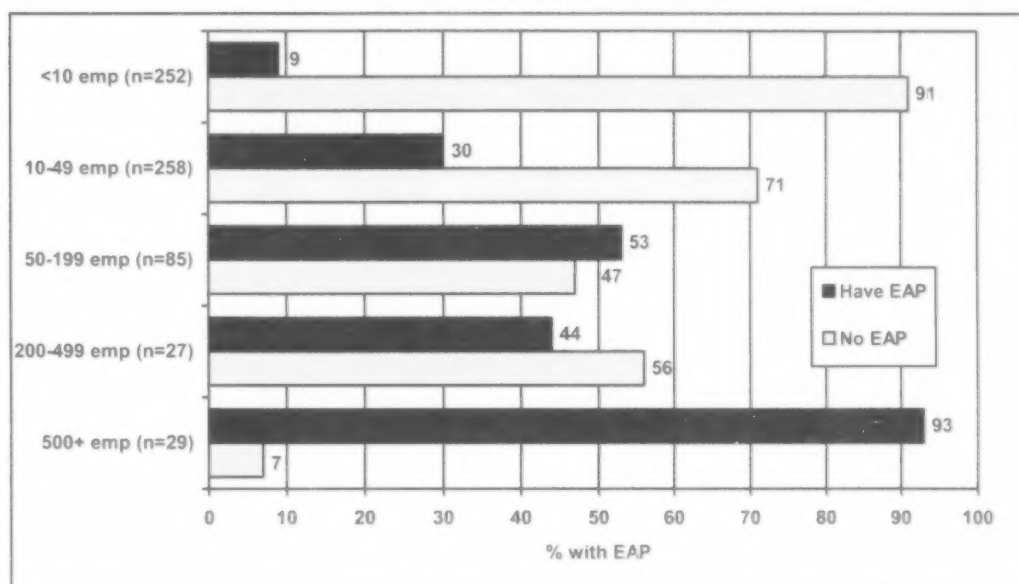
INDUSTRY	% Program Available		
	EAP		MAP
	Employer	Employee	Employer
Education	78%	78%	59%
Forestry/mining*	67%	80%	0%
Public administration	56%	86%	0%
Finance, insurance, real estate	50%	65%	32%
Social services	50%	59%	20%
Transportation	43%	69%	14%
Upstream oil and gas	43%	77%	10%
Utilities*	43%	92%	0%
Construction	34%	35%	27%
Hospitals, health care	28%	76%	27%
Other	20%	N/A	6%
Wholesale and retail trade	19%	46%	4%
Agriculture	17%	11%	0%
Manufacturing	15%	65%	2%
Telecommunications	13%	71%	0%
Other services	5%	36%	6%
Survey Average	28%	58%	13%

2002 Employer n=546-601, Employee n=2297

*Note: Caution should be used when interpreting employer data given the small sample sizes for these sectors

Chart 7-22 illustrates the availability of EAPs by the number of employees within the organization. The largest difference in the availability of EAPs can be seen between those organizations with the smallest employer size (less than 10 employees) and the largest employer size (500 or more employees). In this instance, the number of organizations that provide EAPs is almost reversed, where 93% of organizations with 500 or more employees and 9% of those with less than 10 employees provide EAPs. This may be due in part to the fact that larger companies also tend to have more formal policies and collective agreements.

CHART 7-22
AVAILABILITY OF EAPS BY EMPLOYER SIZE



n=651

It is interesting to compare the extent to which workers in at-risk industries have access to EAPs and MAPs. For example, combining medium, high, and very high risk drinker profiles suggests that 19% of construction workers could be considered at-risk drinkers and 15% of wholesale/retail trade workers would be considered at-risk drinkers. While the incidence of at-risk drinkers in such sectors as construction is well above the survey average, access to EAPs/MAPs for construction workers (35%) is well below that of the survey average. Refer to Table 7-23.

TABLE 7-23
AVAILABILITY OF EAPS/MAPS BY SELECTED INDUSTRIES:
EMPLOYEE RESPONSES

Industry	% "at-risk" drinkers*	% drug users**	% citing having access to EAP/MAP***
Construction	19%	17%	35%
Wholesale and retail trade	15%	12%	46%
Survey Average (all workers)	10%	10%	58%

* Defined as medium, high and very high risk drinkers (see Table 4-4)

** Defined as a drug user (see Table 4-16)

*** % of employees citing availability of an EAP (see Table 7-21)

Employers with EAPs and MAPs were asked what methods they use to fund and manage EAPs and MAPs. Overall, funding of EAPs was most often undertaken through the employer alone in both 2002 (68%) and 1992 (77%), although survey results indicate that EAPs are increasingly cost-shared between the employees and employers. Management of the EAP was undertaken through an employee advisory or steering committee for about four out of 10 employers (43% in 2002, 40% in 1992). See Table 7-24.

Research results indicate that the cost of MAPs has moved to employers during the last decade. MAPs were increasingly cost shared between the union/association and the employer, with the cost-share arrangement growing from 11% of employer responses in 1992 to 54% in 2002 (of employers whose workplaces offered MAPs). Only 46% of employers indicated that the union/association alone funded their workplace's MAP in 2002, down from 89% in 1992.

Fewer employers reported management of MAPs by employee advisory or steering committee in 2002 (56%), compared to 1992 (95%).

TABLE 7-24
EMPLOYER METHODS OF FUNDING AND MANAGING EAPS AND MAPS

Characteristics	EAP		MAP		
	2002	1992		2002	1992
Funding					
The employer alone	68%	77%	Union/association alone	46%	89%
Employees and the employer	32%	20%	Union/association and the employer	54%	11%
Employees only	0%	3%			
Management by employee advisory or steering committee					
Yes	43%	40%	Yes	56%	95%

2002 Employer n=25-130; 1992=15-27

2002 Employer DK/NR range = 30%-67%; 1992 Employer DK/NR range = 16%-64%

Note: Only asked of those respondents whose organizations offer MAPs and EAPs.

Table 7-25 demonstrates the budget, referral methods and eligibility for EAPs and MAPs according to survey data from employers and union representatives in 2002 and 1992. As demonstrated, annual budgets for EAPs range from \$5,000 or less (40% in 2002) to \$15,000 or more (25%). MAP budgets were identified in either the \$5,000 or less range (57%) or \$15,000 or more a year (43%) in 2002. Responses from 1992 indicated a higher proportion of budgets in the higher budget categories, suggesting budgets have been lowered for EAPs and MAPs in the last decade for many organizations.

The methods of employee referrals to EAPs were said by employers to be most frequently self-referrals (88%), referral by a supervisor (60%) and referral by co-worker or other person (37%). These results demonstrate that the method of referrals is less commonly originating from supervisors than in 1992 (decrease of 33% from 93% in 1992 to 60% in 2002) or co-workers/other member's referral (decrease of 30% from 67% in 1992 to 37% in 2002), suggesting that the initial obtaining of support from EAPs has increasingly fallen on the individual needing assistance. Conversely, MAP referrals are originating more often from union representatives

(63% in 2002 compared to 13% in 1992), rather than self-referrals (13% in 2002 compared to 63% in 1992).

In addition, survey data suggests that eligibility has become, overall, more inclusive since 1992 for EAPs and MAPs. Employees' families are increasingly eligible for EAPs (62% in 2002 compared to 57% in 1992), as are part-time employees (60% in 2002, compared to 48% in 1992). Retired employees are, however, less commonly covered under EAPs in 2002 compared to 1992 (11% compared to 17% in 1992). For MAPs, the number of union representatives stating in 2002 that eligibility for EAPs and MAPs included employee family members increased by 18% from 1992 (81% in 2002 from 63% in 1992), and by 22% for retired employees (47% in 2002 from 25% in 1992).

TABLE 7-25
BUDGET, REFERRAL METHODS AND ELIGIBILITY OF EAPS AND MAPS

Characteristics	% Employer (EAP)		% Union (MAP)	
	2002	1992	2002	1992
Annual budget	(n=20)	(n=13)	(n=7)	(n=7)
\$5,000 or less	40%	20%	57%	43%
\$5,001-\$10,000	25%	27%	0%	0%
\$10,001-\$15,000	10%	10%	0%	0%
\$15,001+	25%	44%	43%	57%
Referral methods	(n=118)	(n=27)	(n=24)	(n=16)
Self-referral	88%	92%	13%	63%
Supervisor referral	60%	93%	17%	19%
Co-worker's/other member referral	37%	67%	8%	6%
Results of alcohol/drug testing	8%	6%	N/A	N/A
Union representative	N/A	N/A	63%	13%
Other	5%	21%	0%	N/A
Eligibility	(n=124)	(n=27)	(n=32)	(n=16)
Current full-time employees/members	96%	95%	100%	100%
Employee's/member's family	62%	57%	81%	63%
Current part-time employees	60%	48%	N/A	N/A
Retired employees/members	11%	17%	47%	25%
Other	1%	8%	3%	0%

2002 DK/NR Employer range=33%–89% Union range=3%–79%.

1992 DK/NR Employer range=16%–59% Union range=16%–63%.

Note: Only asked of those respondents whose organizations offer MAPs and EAPs; percentages may not add to 100% due to multiple responses.

For those organizations without employment assistance programs or member assistance programs (see Table 7-26), employers and union representatives were asked why their employees'/members' places of employment do not provide them. The most common response by employers was that they were too small (59%) or that they didn't think they needed one (54%), whereas union representatives most frequently reported that they were without MAPs because they were too small (23%) or they could not afford it (20%).

TABLE 7-26
EMPLOYER/UNION REASONS FOR NOT PROVIDING AN EAP/MAP

Reason	% Employer (EAP)	% Union (MAP)
We are too small	59%	23%
We don't think we need one	54%	5%
We cannot afford it	29%	21%
Our employees are scattered over too many worksites	3%	11%
Other	12%	73%

Employer n=386, Union n=45

DK/NR Employer=18%, Union=18%

Note: Only asked of those respondents whose organizations do not offer MAPs and EAPs; percentages do not add to 100% due to multiple responses.

Employees and union representatives were consistently positive about the effectiveness of their available EAP and MAP programs, as shown in Table 7-27. Nearly all of those employees with available assistance programs thought they were effective (92%), consistent with 1992 data (93%). Union representatives also overwhelmingly thought the assistance programs offered in their members' workplaces were effective (83%).

TABLE 7-27
EMPLOYEE/UNION REPRESENTATIVE JUDGED EFFECTIVENESS
OF AVAILABLE ASSISTANCE PROGRAMS

	% Who Consider Them Effective	
	2002	1992
Employees	92%	93%
Union Representatives	83%	N/A

2002 Employee n=1117, Union n=70, 1992 Employee n=521

DK/NR 2002 Employee =16%, Union=20%; 1992 Employee=9%

Note: Only asked of those respondents whose organizations offer Assistance Plans

The available assistance programs were also deemed effective by those workers considered drinkers, drug users and gamblers, as shown in Table 7-28. Differences were noted, however, in that there were slightly fewer drinkers and drug users who stated they thought the programs effective compared to 1992 (decreases of 3% and 6% respectively), and in that, of all three groups, those employees considered gamblers were least likely to state they found the programs effective. In addition, those employees considered drug users or gamblers less often thought the programs effective, compared to the overall average for the surveys shown in Table 7-27.

TABLE 7-28
EFFECTIVENESS OF AVAILABLE ASSISTANCE PROGRAMS AS PERCEIVED BY WORKERS
CONSIDERED DRINKERS, DRUG USERS AND GAMBLERS

EFFECTIVE	Drinker*		Drug User**		Gambler***	
	2002	1992	2002	1992	2002	1992
Yes	92%	95%	86%	92%	85%	N/A
No	8%	5%	14%	8%	15%	N/A

2002 n=75-735

1992 n=141-211

* Those who are light, moderate, or heavy drinkers

** Those who have reported using drugs in the last 12 months

*** Those who are low risk, moderate risk, or problem gamblers.

7.3 EMPLOYEE REACTION TO SUBSTANCE USE AND GAMBLING PROBLEMS

As shown in Table 7-29, employee survey responses suggest that employees generally do not enable the problematic behaviour of co-workers with alcohol, illicit drug or gambling problems. Surveyed employees were most likely to react to co-worker substance use and gambling problems by giving the person advice on dealing with his or her problem (45%). Significantly less frequently, employees will report the person to a supervisor (27%) or suggest the person get help from outside the corporation (21%). Very seldom will employees help employees to avoid getting caught (1%) or do some of their work for them (0.3%).

TABLE 7-29
EMPLOYEE RESPONSE TO CO-WORKER ALCOHOL, ILLICIT DRUG
AND GAMBLING PROBLEMS

Response	%
Give the person advice on dealing with his/her problem	45%
Report the person to a supervisor	27%
Suggest the person get help from outside the corporation	21%
Suggest the person get corporate (on-site) help	15%
Not interfere / do nothing	11%
Avoid working with the person	1%
Help the person avoid getting caught by supervisors	1%
Help the person by doing some of his/her work	0.3%
Other	11%

n=2165

Note: DK/NR = 5%

Note: Not asked of those respondents who were owners/self-employed.

Note: Percentages do not add to 100% due to multiple responses.

Employee knowledge of where to seek assistance for substance use and gambling problems varies considerably by size of firm. As detailed in Table 7-30, employees of smaller companies are not as aware as those of larger companies of where to seek assistance for an alcohol, illicit drug or

gambling problem. Those employees of companies with 500 or more employees were more aware of where to seek assistance (86%) while, for example, only a little over half (54%) of those in companies of less than 10 employees were aware.

In addition, employee knowledge of where to seek assistance with substance use and gambling problems varied considerably by industry sector. While those employees in upstream oil/gas and utilities industries had the highest level of awareness (95%), less than three quarters of those employees in construction (73%), other services (71%) and wholesale/retail trade (70%) knew where to seek assistance.

TABLE 7-30
EMPLOYEE KNOWLEDGE OF WHERE TO SEEK ASSISTANCE FOR AN ALCOHOL,
ILLICIT DRUG OR GAMBLING PROBLEM BY EMPLOYER SIZE AND INDUSTRY

	Knowledge	
	Yes	No
Employee Size		
Less than 10 employees	54%	46%
10 to 49 employees	63%	37%
50 to 199 employees	72%	29%
200 to 499 employees	77%	24%
500+ employees	86%	14%
Industry		
Upstream oil and gas	95%	5%
Utilities	95%	5%
Hospitals, health care	90%	10%
Social services	88%	12%
Transportation	86%	14%
Education	86%	14%
Public administration	84%	16%
Manufacturing	82%	18%
Telecommunications	82%	18%
Finance, insurance, real estate	81%	19%
Agriculture	80%	20%
Forestry/mining	75%	25%
Construction	73%	27%
Other services	71%	29%
Wholesale and retail	70%	30%
Survey Average	80%	20%

n=2172-2224

7.4 SUGGESTED RESPONSE TO PROBLEMS RELATED TO ALCOHOL, ILLICIT DRUGS AND GAMBLING IN THE WORKPLACE

Employers and union representatives were asked who they felt should be involved in dealing with alcohol, illicit drug and gambling problems in the workplace. See Table 7-31 for details. Most (82% of employers and 87% of union representatives) felt that employers should be involved, followed by employees (67% and 67%) and medical/health care professionals (55% and 76%). While similar in other respects, 1992 employer responses indicated there was more call for the participation in joint labour/management associations (50%) and industry associations (46%).

On the issue of who should take the lead role in dealing with these workplace problems, answers from employers in 2002 were similar to those of 1992 in that it was widely believed that employers should take the lead role (43% in 2002 and 44% in 1992). Only 13% in both 2002 and 1992 felt that workers/employees should take the lead role. Union representatives less often chose employers, with only 23% in 2002 and 27% in 1992 choosing this group to take the lead role. Union representatives most frequently stated that no one should take the lead role, that leadership should be a collaborative effort (33%), followed by employers (23%) and government (19%).

TABLE 7-31
WHO SHOULD BE INVOLVED AND WHO SHOULD TAKE THE LEAD ROLE* IN DEALING WITH
ALCOHOL, ILLICIT DRUG, AND GAMBLING PROBLEMS IN THE WORKPLACE

Response	Who Should Be Involved				Who Should Take the Lead Role			
	Employer		Union		Employer		Union	
	2002	1992	2002	1992	2002	1992	2002	1992
Employers	82%	84%	87%	88%	43%	44%	23%	27%
Workers/employees	67%	79%	67%	88%	13%	13%	-	17%
Medical/health care professionals	55%	64%	76%	75%	4%	-	4%	-
Unions	38%	-	83%	88%	-	-	-	17%
Community Groups	35%	-	-	-	-	-	-	-
Joint labour/management committees	-	50%	73%	75%	-	6%	15%	20%
Industry Associations	-	46%	-	-	-	15%	-	-
AADAC	-	-	-	-	-	10%	-	-
Government	-	-	-	-	11%	-	19%	17%
No one should take lead; should be a collaborative effort	-	-	-	-	19%	-	33%	-

2002 Employer n=474-516 Union n=75-84;

1992 Employer n=220 Union n=30-32

DK/NR 2002 Employer=32%o-37%o, Union=5%o-15%o; 1992 Employer=6%o, Union=20%o-25%o

Note: Percentages do not add to 100% due to multiple responses.

*Top 5 responses reported

Employees were asked what they felt would help to reduce the usage of alcohol, illicit drugs, tobacco and gambling in the workplace. Most commonly, employees felt that nothing needed to be done and were satisfied with the current situation. Roughly a third stated they were satisfied with current practices across the respective groups of problems: 32% for tobacco, 36% for alcohol and illicit drugs, and 41% for gambling.

Fifteen percent (15%) of respondents said that they felt that making workplaces smoke-free would be the best suggestion for reducing tobacco usage at the workplace. Eleven percent (11%) suggested banning smoking on all company property, including outdoors, 8% suggested increased programs, pressure and support for quitting smoking, 7% suggested posting anti-smoking and health messages and increase education and awareness, and 7% suggested a zero-tolerance policy for smoking.

On the issue of reducing alcohol and illicit drugs, 11% of employees felt that companies could improve or make policies restricting usage. Eleven per cent (11%) also felt that workshops, education or meetings could be used to create awareness. Other suggestions included reducing stress levels and workloads or offering wellness activities (7%) and offering assistance programs or counselling (7%).

On the issue of reducing gambling, 16% of employees stated that companies need to create policies restricting gambling pools and joint lottery purchases, 12% felt that workshops, education or seminars would be useful, 7% suggested offering assistance programs or counselling, and 6% suggested further enforcement of existing policies.

Survey data with respect to employee suggestions for reducing the usage of alcohol, illicit drugs, gambling and tobacco is detailed in Table 7-32.

TABLE 7-32
TOP 5 EMPLOYEE SUGGESTIONS FOR REDUCING USE OF ALCOHOL, ILLICIT DRUGS,
GAMBLING AND TOBACCO IN THE WORKPLACE

Suggestion	%
Reduce tobacco	
Nothing needs to be done/satisfied with current policies	32%
Make building/workplace a smoke-free area	15%
Ban smoking on all company property (including outdoors)	11%
Offer programs/counselling/encouragement/peer pressure to stop smoking	8%
Educate/increase awareness of the dangers/post no-smoking advertisements	7%
Company should create a non-smoking policy (zero tolerance)	7%
Reduce alcohol/illicit drugs	
Nothing needs to be done/satisfied with current policies	36%
Improve/make company policies restricting usage	11%
Offer workshops/education/meetings to create awareness	11%
Reduce stress levels/workloads, offer wellness activities	7%
Offer assistance programs/counselling	7%
Reduce gambling	
Nothing needs to be done/satisfied with current policies	41%
Create company policies restricting gambling pools/joint lottery purchases (zero-tolerance)	16%
Offer workshops/education/seminars to create awareness	12%
Offer employee assistance programs/counselling	7%
Improve/enforce existing policies	6%

n=822-1239

Note: DK/NR= 51% n= 68%

Note: Not asked of those respondents who were self-employed.

APPENDIX A: SURVEY INSTRUMENTS

**THE ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION (AADAC)
SUBSTANCE USE AND GAMBLING IN THE ALBERTA WORKPLACE, 2002:
A REPLICATION STUDY**

Employee Survey

INTRODUCTION

Hello, my name is _____. We are conducting an important Alberta-wide research study about workplace health issues. The research has been contracted by the Alberta Alcohol and Drug Abuse Commission (AADAC) and is being completed by our firm R.A. Malatest & Associates Ltd. We are not selling or soliciting anything. This is a research project. The reason for this survey is to understand how alcohol and drug use affect the workplace and work teams in Alberta.

We would like you to pick one person in your household at random to be interviewed. Considering the people in your household that currently work and are 18 years or older, could I please speak to the person who had the last birthday?

[ONLY PEOPLE WHO ARE IN THE WORKFORCE SHOULD BE INCLUDED]

1. Yes
2. No [set up appointment time to call back] Name of Person ____ [FIRST NAME ONLY] _____

[SELECT INDIVIDUAL RESPONDENT. REPEAT INTRODUCTION]

Hello, my name is _____. We are conducting an important Alberta-wide research study about workplace health issues. The research has been contracted by the Alberta Alcohol and Drug Abuse Commission (AADAC) and is being completed by our firm R.A. Malatest & Associates Ltd. We are not selling or soliciting anything. This is a research project. The reason for this survey is to understand how alcohol and drug use affect the workplace and work teams in Alberta. Your participation in this survey is completely voluntary. Your answers will remain confidential to our firm. We will report only a summary of our findings. No individuals can or will be identified.

[IF INTERVIEWEE REMAINS SCEPTICAL OF THE VALIDITY OF THE RESEARCH AND ASKS TO TALK TO SOMEONE RESPONSIBLE FOR THE PROJECT, REFER TO CHRIS BOUGHTON AT R.A. MALATEST & ASSOCIATES LTD. IF THE PERSON REMAINS SCEPTICAL, REFER TO GORD MUNRO AT AADAC.]

[Surveyor Note: IF THE PERSON WISHES TO SPEAK TO SOMEONE FROM AADAC: To call AADAC without charge, interviewees should be directed to call the provincial government's regional information telephone inquiry number (R.I.T.E.) listed in the telephone directory under Government of Alberta. They should ask the provincial operator to connect them to 427-4275 Edmonton. Individuals in the Edmonton area, or living in areas not served by the R.I.T.E. system should call AADAC direct at 427-4275.]

The survey takes about 15 to 20 minutes to complete. May I do the survey with you at this time?

1. Yes (Proceed)
2. No (Reschedule and code appropriately)

[PRE-LOAD REGION CODES]

A. SCREENING QUESTIONS

Our first set of questions ask about your current work status, occupation and age. We ask these questions to ensure that we speak to workers from a wide range of occupations and age groups across Alberta.

A1a. What is your current employment status?

1. Working full time
2. Working part time
3. Laid off (temporarily)
4. On worker's compensation or disability
5. Unemployed but looking for work
6. On maternity leave (on paid leave)
7. Self-employed (work by themselves/for their own company) (Do not ask B1, B2, F2, all Section G, all section H, I3, I5, I6 and I7)
8. Never worked (THANK AND END SURVEY)
9. Retired (THANK AND END SURVEY)
10. Student, not working (THANK AND END SURVEY)
11. A homemaker (not paid) (THANK AND END SURVEY)
12. Not working and not looking for work (THANK AND END SURVEY)
88. Don't Know/No Response (THANK AND END SURVEY)

A1b. (IF A1a = 3,4,5) Have you worked in the past 12 months?

1. Yes
2. No (THANK AND END SURVEY)
8. Don't Know/No Response (THANK AND END SURVEY)

A1c. (IF A1a = 3,4,5) Have you worked in the past 4 weeks?

1. Yes
2. No
8. Don't Know/No Response

A2. (Do not ask if A1a = 3,4,5, 7) Do you run your own business?

1. Yes (DEFINE THIS SET OF RESPONDENTS AS OWNERS)
2. No
8. Don't Know/No Response

A3a. What is your main or primary occupation? **[RECORD VERBATIM]**

88. Don't Know/No Response

[NOTE: If respondent laid off (temporarily), on worker's compensation or disability, unemployed but looking for work or on maternity leave, please explain that when answering questions they should refer to the workplace associated with their last full time/part time employment]

[NOTE: If respondent will not describe occupation, ask which of the following broad categories their occupation falls into]

A3b. SELECT THE MOST APPROPRIATE CODE THAT DESCRIBES THEIR PRIMARY OCCUPATION DESCRIBED ABOVE [WATCH QUOTAS FOR OCCUPATION]

1. **Manager** (plans/organizes/controls functions of a department/division/program/other unit)
2. **Professional** (teacher, lawyer, doctor, nurse, engineer, dentist, accountant etc)
3. **Clerical / office worker**
4. **Sales** (selling and buying commodities, selling services, wholesale and retail businesses)
5. **Services** (providing protection, catering, accommodation, assistance, funeral service, hair styling, beauty treatments, personal services, washing or cleaning, operating elevators, minor maintenance repair)
6. **Farmer** (wheat/grain grower, dairy, rancher, etc)
7. **Other primary occupations** (upstream oil and gas, fishing/hunting/trapping and related occupations, forestry and logging operations, mining/quarrying)
8. **Processing** (refining, mixing compounding, chemically treating, conditioning, or otherwise treating materials for direct use, or to produce semi-finished materials for tiles, processed food, newsprint, lumber, plywood and cloth)
9. **Construction** (erecting, repairing and maintaining buildings and other works)
10. **Transportation equipment operating** (truck driver, bus driver, airline pilot etc.)
11. **Material handling** (occupations not elsewhere classified concerned with moving, lifting, loading and packaging materials and products)
12. **Other** (USE IF THEIR OCCUPATION DOES NOT FIT IN OTHER PRE-CODES)

A3c. How many people report to you, directly or indirectly? _____
888. Don't Know/No Response

A4. Which of the following age categories do you fall into? [FOR QUOTAS]

1. 18-34 years
2. 35-50 years
3. 50+ years

B. WORK ENVIRONMENT

To begin with I'd like to ask some questions about the availability of alcohol or other drugs in or near your work site.

B1. On a 4-point scale, with 1 being Never, 2 Sometimes, 3 Most of the time and 4 being Almost always, please tell me how often each of the following occur in your workplace: [RANDOMIZE]

	Never	Sometimes	Most of the time	Almost always	Don't Know/ No Response
a. Alcohol is permitted on the premises at work	☐	☐	☐	☐	☐
b. Alcohol is available near the workplace	☐	☐	☐	☐	☐
c. People who work here frequently go for drinks after work together	☐	☐	☐	☐	☐
d. Street drugs are available near the workplace	☐	☐	☐	☐	☐
e. Street drugs are used in my workplace	☐	☐	☐	☐	☐
f. People who work here often gamble together after work	☐	☐	☐	☐	☐

B2. On a 5-point scale, with 1 being Strongly Disagree and 5 being Strongly Agree, please tell me how much you agree with the following statements: [RANDOMIZE]

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know/ No Response
a. Street drug use is a socially accepted activity among people that work here	☐	☐	☐	☐	☐	☐
b. Gambling is a socially acceptable activity among people that work here	☐	☐	☐	☐	☐	☐
c. Sports pools, betting and joint lottery purchases are a common activity among the people that work here	☐	☐	☐	☐	☐	☐

C. SUBSTANCE USE: TOBACCO AND ALCOHOL [MODULE]

Now I'd like to ask you a few questions about your own tobacco and alcohol use.

C1a. In the past month, have you smoked or used tobacco (e.g. smoked cigarettes, pipe or cigar, or used snuff or chewing tobacco)?

1. Yes [GO TO QC1b]
2. No [GO TO QC1e]
8. Don't Know/No Response [GO TO QC1e]

C1b. How many cigarettes do you usually smoke per day?

888. Don't Know/No Response

C1c. In the past month did you smoke or use tobacco while at work?

1. Yes
2. No [GO TO QC1e]

[NOTE: AT WORK MEANS ANY SMOKING OR TOBACCO USE DURING WORK HOURS (DURING BREAKS AND IN THE WORKPLACE)]

C1d. Which of the following tobacco products have you used while at work?

1. cigarettes
2. pipe
3. cigar
4. snuff
5. chewing tobacco

C1e. During the past 12 months have you had a drink of any alcoholic beverage (beer, wine, wine cooler, or hard liquor?)

1. Yes
2. No [GO TO QC6]
8. Don't Know/No Response

C2a. How often do you have a drink containing alcohol? [READ LIST]

1. Never [GO TO QC6]
2. Monthly or less
3. Two to four times a month
4. Two to three times per week
5. Four or more times a week
8. Don't Know/No Response

C2b. How many drinks containing alcohol do you have on a typical day when you are drinking?
[READ LIST]

1. 1 or 2
2. 3 or 4
3. 5 or 6
4. 7 to 9
5. 10 or more
8. Don't Know/No Response

C2c. How often do you have six or more drinks on one occasion? [READ LIST]

1. Never
2. Less than monthly
3. Monthly
4. Two to three times per week
5. Four or more times per week
8. Don't Know/No Response

C2d. How often during the last year have you found that you were not able to stop drinking once you had started? [READ LIST]

1. Never
2. Less than monthly
3. Monthly
4. Two to three times per week
5. Four or more times per week
8. Don't Know/No Response

C2e. How often during the last year have you failed to do what was normally expected from you because of drinking? [READ LIST]

1. Never
2. Less than monthly
3. Monthly
4. Two to three times per week
5. Four or more times per week
8. Don't Know/No Response

- C2f. How often in the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? [READ LIST]
1. Never
 2. Less than monthly
 3. Monthly
 4. Two to three times per week
 5. Four or more times per week
 8. Don't Know/No Response
- C2g. How often during the last year have you had a feeling of guilt or remorse after drinking? [READ LIST]
1. Never
 2. Less than monthly
 3. Monthly
 4. Two to three times per week
 5. Four or more times per week
 8. Don't Know/No Response
- C2h. How often during the last year have you been unable to remember what happened the night before because you had been drinking? [READ LIST]
1. Never
 2. Less than monthly
 3. Monthly
 4. Two to three times per week
 5. Four or more times per week
 8. Don't Know/No Response
- C2i. Have you or someone else ever been injured as a result of your drinking? [READ LIST]
1. Never
 2. Yes, but not in the last year
 3. Yes, during the last year
 8. Don't Know/No Response
- C2j. Has a friend or relative or a doctor or other health worker been concerned about your drinking or suggested you cut down? [DO NOT READ LIST. If yes, probe to see if the concern was expressed during the last year or not during the last year (prior to)]
1. No
 2. Yes, but not during the last year
 3. Yes, during the last year
 8. Don't Know/No Response
- C3a. Over the last 12 months, have you had any work-related problems that have occurred as a result of alcohol?
1. Yes [IF YES GO TO C3b]
 2. No
 8. Don't Know/No Response

C3b. What types of problems have occurred? _____ [pre-code list to be developed during pre-test] [DO NOT READ LIST]

1. I was late for work
2. I missed a day of work
3. I could not work at the same speed/level (poor productivity)
4. The work I did was not of the same quality (poor work quality)
5. I caused an accident
6. I hurt myself or others
7. I received a warning
8. I was sent home
9. I was fired
10. I had a conflict with a colleague/co-worker
11. I had a conflict with my supervisor
12. Other (Please specify) _____
88. Don't Know/No Response

C4. How often have you consumed alcohol in the past 12 months...

	Never	Once a week	2-3 times a week	4+ times a week	Don't Know/No Response
a. while at work?	☐	☐	☐	☐	☐
b. within 4 hours of coming to work?	☐	☐	☐	☐	☐

C5. During the past 12 months, did drinking result in the following...

	Yes	No	Don't Know/No Response
a. your not coming into work the next day (calling in sick)?	☐	☐	☐
b. your coming into work but operating at 50% or less of normal activity?	☐	☐	☐

ASK IF C5a=Yes, ALL OTHERS GO TO C5d

C5c. How many times in the last year did you not come to work due to drinking?

_____ Days 888. Don't Know/No Response

ASK IF C5b=Yes, ALL OTHERS GO TO C6

C5d. How many times in the last year did you come into work but operated at 50% or less of normal activity due to drinking?

_____ Days 888. Don't Know/No Response

C6. [SKIP IF QA1c=2,8] In the past 4 weeks, have you been invited to have a drink by...

	Yes	No	Don't Know/No Response
a. A customer or client?	☐	☐	☐
b. A co-worker?	☐	☐	☐
c. A supervisor / manager [Do not ask of owner-managers A2=1 and A3=1, or if A1a=7]	☐	☐	☐
d. A supplier	☐	☐	☐

D. SUBSTANCE USE: OTHER DRUGS [MODULE]

Now I'd like to ask you a few questions about drug use.

D1. Have you used any of the following in the last 12 months...

	No	Yes	DK/ NA	If yes, how often in the last 12 months...						
				Less than 1 time/ month	1-3 times a month	Once a week	2-3 times a week	4-6 times a week	Daily+	DK/ NA
a. any anti-depressants or other mood stabilizers?	☐	☐ →	☐	☐	☐	☐	☐	☐	☐	☐
b. any tranquilizers (Ativan, Librium, Valium)?	☐	☐ →	☐	☐	☐	☐	☐	☐	☐	☐
c. sleeping pills?	☐	☐ →	☐	☐	☐	☐	☐	☐	☐	☐
d. medications for cough, cold, sinus problems or allergies?	☐	☐ →	☐	☐	☐	☐	☐	☐	☐	☐
e. over the counter painkillers (Tylenol, Ibuprofen)?	☐	☐ →	☐	☐	☐	☐	☐	☐	☐	☐
f. prescription painkillers?	☐	☐ →	☐	☐	☐	☐	☐	☐	☐	☐
g. over the counter stimulants (diet pills, "wake-up pills")?	☐	☐ →	☐	☐	☐	☐	☐	☐	☐	☐

D1h. Over the last 12 months, have you had any work-related problems that have occurred as a result of medication use?

1. Yes
2. No
8. Don't Know/No Response

D2. Have you used any of the following in the last 12 months: marijuana, hash, opiates, LSD or PCP, Ecstasy, GHB, Cocaine/crack, heroin, any other street drugs?

1. Yes [GO TO D3] [DEFINE AS ILLICIT DRUG USER FOR LATER QUESTIONS]
2. No [GO TO D5a]
8. Don't Know/No Response [GO TO D5a]

D3. Have you used any of the following in the last 12 months...

	No	Yes	DK/NA	If yes, how often in the last 12 months...						
				Less than 1 time/month	1-3 times a month	Once a week	2-3 times a week	4-6 times a week	Daily +	DK/NA
a. Marijuana, hash	☐	☐ →	☐	☐	☐	☐	☐	☐	☐	☐
b. Cocaine, crack	☐	☐ →	☐	☐	☐	☐	☐	☐	☐	☐
c. LSD, PCP or other hallucinogens	☐	☐ →	☐	☐	☐	☐	☐	☐	☐	☐
d. Amphetamines and other stimulants (Ecstasy)	☐	☐ →	☐	☐	☐	☐	☐	☐	☐	☐
e. Heroin or other street opiates (i.e. morphine)	☐	☐ →	☐	☐	☐	☐	☐	☐	☐	☐
f. Any other street drugs (GHB)	☐	☐ →	☐	☐	☐	☐	☐	☐	☐	☐

D4. How often have you used street drugs in the past 12 months...

	Never	Less than 1 time/month	1-3 times a month	Once a week	2-3 times a week	4+ times a week	Don't Know/No Response
a. while at work?	☐	☐	☐	☐	☐	☐	☐
b. within 4 hours of coming to work?	☐	☐	☐	☐	☐	☐	☐

D5. In the last 12 months have you...

	Yes	No	DK/NA
a. Have you used drugs other than those required for medical purposes?	☐ [GO TO D5b]	☐ [GO TO SECTION E]	☐ [GO TO SECTION E]
b. Do you abuse more than one drug at a time?	☐	☐	☐
c. Are you always unable to stop using drugs when you want to?	☐	☐	☐
d. Have you ever had black-outs or flashbacks as a result of drug use?	☐	☐	☐
e. Do you ever feel bad or guilty about your drug use?	☐	☐	☐
f. Does your spouse (or parents) ever complain about your involvement with drugs?	☐	☐	☐
g. Have you ever neglected your family because of your drug use?	☐	☐	☐
h. Have you engaged in illegal activities in order to obtain drugs?	☐	☐	☐
i. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	☐	☐	☐
j. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	☐	☐	☐

D6a. Over the last 12 months, have you had any work-related problems that have occurred as a result of street drug use?

1. Yes [IF YES GO TO D6b]
2. No
8. Don't Know/No Response

D6b. What types of problems have occurred? _____ [pre-code list to be developed during pre-test] [DO NOT READ LIST]

1. I was late for work
2. I missed a day of work
3. I could not work at the same speed/level (poor productivity)
4. The work I did was not of the same quality (poor work quality)
5. I caused an accident
6. I hurt myself or others
7. I received a warning
8. I was sent home
9. I was fired
10. I had a conflict with a colleague/co-worker
11. I had a conflict with my supervisor
12. Other (Please specify) _____
88. Don't Know/No Response

D7. During the past 12 months, did use of street drugs result in the following...

	Yes	No	Don't Know/ No Response
a. your not coming into work the next day (calling in sick)?	☐	☐	☐
b. your coming into work but operating at 50% or less of normal activity?	☐	☐	☐

ASK IF D7a=Yes, ALL OTHERS GO TO D7d

D7c. How many times in the last year did you not come to work due to drugs?

_____ Days 88. Don't Know/No Response

ASK IF D7b=Yes, ALL OTHERS GO TO SECTION E

D7d. How many times in the last year did you come into work but operated at 50% or less of normal activity due to drugs?

_____ Days 88. Don't Know/No Response

E. OWN GAMBLING [MODULE]

The next section is about gambling. When I talk about gambling, I mean such things as buying lottery or scratch tickets, playing bingo, playing slot machines or VLT's, playing casino table games, betting on sports, betting at the racetrack, Internet gambling, or betting against other people on games such as pool, darts, video games, cards, etc.

E1. In the past 12 months, how often have you done any of the activities I listed as gambling?

1. Not at all [GO TO QE4]
2. Less than once a month
3. 1-3 times a month
4. Once a week
5. 2-3 times a week
6. 4-6 times a week
7. daily
8. Don't Know/No Response

E2. Still thinking about the past 12 months, please answer the following questions using a 4 point scale, where 1 is Never, 2 is Sometimes, 3 is Most of the time and 4 is Almost Always...

	Never	Sometimes	Most of the time	Almost always	Don't know/ No Response
a. have you bet more than you could really afford to lose?	☐	☐	☐	☐	☐
b. have you needed to gamble with larger amounts of money to get the same feeling of excitement?	☐	☐	☐	☐	☐
c. have you gone back another day to try to win back the money you lost?	☐	☐	☐	☐	☐
d. have you borrowed money or sold anything to get money to gamble?	☐	☐	☐	☐	☐
e. have you felt that you might have a problem with gambling?	☐	☐	☐	☐	☐
f. have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?	☐	☐	☐	☐	☐
g. have you felt guilty about the way you gamble or what happens when you gamble?	☐	☐	☐	☐	☐
h. has your gambling caused you any health problems, including stress or anxiety?	☐	☐	☐	☐	☐
i. has your gambling caused any financial problems for you or your household?	☐	☐	☐	☐	☐

E3. In the past year, how often did you gamble while at work (For example, sports pools, betting and joint lottery purchases)?

1. Daily
2. 4-6 times a week
3. 2-3 times a week
4. Once a week
5. 1-3 times a month
6. Less than once a month
7. Not at all
8. Don't Know/No Response

E4. [SKIP IF A1c=2, 8 In the past 4 weeks, have you been invited to go gambling by...

	Yes	No	Don't Know/ No Response
a. A customer or client?	☐	☐	☐
b. A co-worker?	☐	☐	☐
c. A supervisor / manager [Do not ask of owner-managers A2=1 and A3=1, or if A1a=7]	☐	☐	☐
d. A supplier	☐	☐	☐

[ASK ONLY IF E1=NOT EQUAL TO 1, IF E1=1 SKIP TO SECTION F]

E5a. Over the last 12 months, have you had any work-related problems that have occurred as a result of gambling?

1. Yes [IF YES GO TO E5b]
2. No
8. Don't Know/No Response

E5b. What type of problems have occurred? _____ [pre-code list to be developed during pre-test] [DO NOT READ LIST]

1. I was late for work
2. I missed a day of work
3. I could not work at the same speed/level (poor productivity)
4. The work I did was not of the same quality (poor work quality)
5. I caused an accident
6. I hurt myself or others
7. I received a warning
8. I was sent home
9. I was fired
10. I had a conflict with a colleague/co-worker
11. I had a conflict with my supervisor
12. Other (Please specify) _____
88. Don't Know/No Response

E6. During the past 12 months, did gambling result in the following:...

	Yes	No	Don't Know/No Response
a. your not coming into work the next day (calling in sick)?	☐	☐	☐
b. your coming into work but operating at 50% or less of normal activity?	☐	☐	☐

ASK IF E6a=Yes, ALL OTHERS GO TO E6d

E6c. How many times in the last year did you not come to work due to gambling?

____ Days

88. Don't Know/No Response

ASK IF E6b=Yes, ALL OTHERS GO TO SECTION F

E6d. How many times in the last year did you come work but operated at 50% or less of normal activity due to gambling?

____ Days

88. Don't Know/No Response

F. JOB FACTORS

The next series of questions deal with your job and worksite.

F1. Does your work involve any of the following characteristics?

	Yes	No	Don't Know/No Response
a. Boredom?	☐	☐	☐
b. Repetitive tasks?	☐	☐	☐
c. On-call work?	☐	☐	☐
d. Worksite remote from home?	☐	☐	☐
e. Travelling on the job?	☐	☐	☐
f. Entertaining or being entertained by clients, suppliers, or other business contacts?	☐	☐	☐
g. Working shift-work?	☐	☐	☐
h. Working a compressed work week?	☐	☐	☐
i. Working long work hours, including overtime	☐	☐	☐

[Note:

WORKSITE REMOTE FROM HOME defined as: a work situation in which you do not come home at night and are required to sleep in a town other than where you live.

SHIFT WORK defined as: Work that does not have a set schedule and may require the worker to work varying times of the day and night.

COMPRESSED WORK WEEK defined as a full work week (37-40 hrs) worked in fewer than 5 work days of 7.5 or 8 hrs each]

F2. Does your organization have formal policies on.....

	Yes	No	Don't Know/No Response
a. smoking?	☐	☐	☐
b. gambling?	☐	☐	☐
c. alcohol?	☐	☐	☐
d. drugs?	☐	☐	☐

F3. How stressful do you consider your job?

1. Not at all stressful
2. Somewhat stressful
3. Extremely stressful
8. Don't Know/No Response

F4. If, for any reason, you did not do your job well, please indicate what are the chances of each of the following occurring using a 4 point scale, where 1 is No Chance, 2 is Very Slight Chance, 3 is Moderate Change, and 4 is Quite a Good Chance...

	No chance	Very slight chance	Moderate chance	Quite a good chance	Don't Know/No Response
a. Physically injuring yourself or a co-worker?	☐	☐	☐	☐	☐
b. Physically injuring someone outside the organization?	☐	☐	☐	☐	☐
c. Damaging / polluting the environment?	☐	☐	☐	☐	☐
d. Damaging the company's equipment or property?	☐	☐	☐	☐	☐
e. Hurting the reputation of the organization?	☐	☐	☐	☐	☐
f. The organization losing a lot of money?	☐	☐	☐	☐	☐

F5. How would you rate your overall job satisfaction? Would you say your overall job satisfaction is....[READ LIST]

1. Very high
2. High
3. Moderate
4. Low
5. Very low
8. Don't Know/No Response

F6. Do you view your work as a job or as a career?

1. As a job
2. As a career
8. Don't Know/No Response

G. WORKPLACE ISSUES

Now I would like to ask you some questions about dealing with alcohol or drug problems on the job.

IF OWNER SKIP TO G3a

G1. What would you do if someone you worked closely with had an alcohol, drug or gambling problem? [DO NOT READ] [SELECT UP TO THREE RESPONSES]

1. Avoid working with the person
2. Help the person by doing some of his/her work
3. Give the person advice on dealing with his/her problem
4. Help the person avoid getting caught by supervisors
5. Report the person to the supervisor
6. Suggest the person get corporate (on-site) help
7. Suggest the person get professional help from outside the operation
8. Not interfere / do nothing
9. Other (specify) _____
- 88 Don't know/No Response

G2. If you felt that you or a co-worker had a drug, alcohol or gambling problem, would you know where to go for help in the workplace?

1. Yes
2. No
8. Don't Know/No Response

G3a. Is there a formal Employee Assistance program (EAP) at your workplace?

1. Yes [IF YES GO TO G3b]
2. No [IF NO GO TO SECTION H]
8. Don't Know/No Response [IF NO GO TO SECTION H]

G3b. Do you feel that the program available at your work is a good way to deal with problems like gambling, alcohol and drug abuse?

1. Yes
2. No
8. Don't know/No Response

G3c. In the past year, have you used the Employee Assistance program (EAP) or the program available at you work for alcohol, other drug or gambling problems?

1. Yes
2. No
8. Don't know/No Response

H. SUMMARY

- H1. I'd like to get your opinion on the degree of impact alcohol and other drug use and gambling currently have on your workplace, using a 3 point scale where 1 is not very serious, 2 is moderately serious and 3 is extremely serious. Currently what impact does....

	Not Very Serious	Moderately Serious	Extremely Serious	Don't Know/ No Response
a. alcohol use have on the work performance of people you work with?	☐	☐	☐	☐
b. other drug use have on the work performance of people you work with?	☐	☐	☐	☐
c. gambling have on the work performance of people you work with?	☐	☐	☐	☐

- H2. In your opinion, how can your workplace (jobs, activities, other) be changed to reduce alcohol and other drug use?

- H3. In your opinion, how can your workplace be changed to reduce the effects of gambling?

- H4. In your opinion, how can your workplace be changed to reduce the effects of tobacco?

I. BACKGROUND

Before we finish, I'd just like to get a bit of background about you and the kind of work you do.

11. What type of business is your company in? [RECORD VERBATIM] [INDUSTRY QUESTION]

12. Do you work all year or part of the year?

1. All year
2. Part of the year
8. Don't Know/No Response

13. Do you work at a casino, bingo hall or lounge with VLT's

1. Yes
2. No
8. Don't Know/No Response

14a. Have you been off work in the last 12 months due to a injury or health problem?

1. Yes [GO TO Q14b]
2. No [GO TO Q15]
8. Don't Know/No Response [GO TO Q15]

14b. Was this work related?

1. Yes
2. No
8. Don't Know/No Response

[FOR NON-MANAGERS] [IF A3B=1 SKIP TO 16]

15. Are you a union member?

1. Yes
2. No
8. Don't Know/No Response

[FOR ALL]

16. How many people work for/in your company in Alberta?

1. 1-4 employees
2. 5-9 employees
3. 10-49 employees
4. 50-99 employees
5. 100+ employees
8. Don't Know/No Response

[FOR MANAGERS] [SKIP TO I8 IF A3B NOT EQUAL TO 1]

I7. Does your company or business have a union(s) or a collective bargaining unit(s)?

1. Yes
2. No
8. Don't Know/No Response

[FOR ALL]

I8. How old are you? Are you...

1. 18-24 years
2. 25-34 years
3. 35-44 years
4. 45-64 years
5. 65+ years
8. Don't Know/No Response

I9. Are you...

1. Married (including common law)
2. Separated
3. Divorced
4. Widowed
5. Never married
8. Don't Know/No Response

II0. Which of the following best describes your highest level of education?

1. Did not graduate from high school
2. High school graduate or equivalent
3. Some college, technical school or university
4. Completed technical school / trade school
5. Completed college
6. One or more university degrees
8. Don't Know/No Response

III. In the past 12 months, have you had any serious problems with depression, anxiety or other mental health problems?

1. Yes
2. No
8. Don't Know/No Response

[NOTE: SERIOUS PROBLEM DEFINED AS A PROBLEM FOR WHICH YOU SOUGHT HELP OR SHOULD HAVE SOUGHT HELP]

112. Which ethnic group do you most closely identify with? [DO NOT READ]

1. Canadian
2. Caucasian/White/European
3. Chinese
4. Japanese/ Korean
5. South Asian (includes India, Pakistan)
6. Caribbean
7. African
8. Central and South American
9. Australian / New Zealand
10. Mexican
11. Other (please specify) _____
888. Don't Know/No Response

[NOTE: TO DESCRIBE "ETHNIC" USE THE PROMPTS "WHERE (WHAT COUNTRY) DID YOUR FAMILY COME FROM?"
"WHERE (WHAT COUNTRY) DID YOU COME FROM"]

113. Are you of Aboriginal descent?

1. Yes – Status
2. Yes – Non-status
3. Yes – Metis
4. No
8. Don't Know/No Response

114. How long have you been working for your current employer/running your own business?

1. Less than one year
2. 1 year or more but less than 5 years
3. 5 years or more but less than 10 years
4. 10 years or more but less than 25 years
5. More than 25 years
8. Don't Know/No Response

115. What is your gross annual household income?

1. Under \$10,000
2. \$10,000 to \$19,999
3. \$20,000 to \$34,999
4. \$35,000 to \$49,999
5. \$50,000 to \$99,999
6. \$100,000 or over
8. Don't Know/No Response

116. [INTERVIEWER RECORD] Gender of interviewee

Thank you very much for completing this questionnaire.

THE ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION (AADAC)
SUBSTANCE USE AND GAMBLING IN THE ALBERTA WORKPLACE, 2003:
A REPLICATION STUDY

Employer Survey

ABOUT THIS QUESTIONNAIRE:

- The manager or company owner should complete this survey.
- The information you provide will be treated with the **strictest confidence**; only the researchers will have access to the individual survey responses and the results will be reported to by the Alberta Alcohol and Drug Abuse Commission (AADAC) in summary form only.
- If you have any questions, please feel free to contact the independent research firm conducting this study, **R.A. Malatest & Associates Ltd.**, at **1-877-665-6252**.
- Please mail your completed questionnaire in the postage-paid self-addressed envelope provided, or by toll-free fax at **1-866-448-9047**, by **March 14, 2003**. **PLEASE MAKE SURE TO INCLUDE ALL PAGES WHEN FAXING – THANK YOU.**

A. BACKGROUND

This first section asks for some background information on your organization. It will help us understand the different approaches taken by Alberta employers in handling alcohol, other drug abuse and gambling problems.

A1a. Which of the following best describes the primary business of your organization? **[PLEASE CHOOSE ONLY ONE RESPONSE]**

- | | |
|---|---|
| ☐ Agriculture | ☐ Wholesale and retail trade |
| ☐ Upstream oil and gas | ☐ Finance, insurance, real estate |
| ☐ Forestry | ☐ Education (including schools and universities) |
| ☐ Mining, including oil sands | ☐ Hospitals, health care |
| ☐ Manufacturing and processing (including oil and gas processing) | ☐ Social services |
| ☐ Construction | ☐ Other services |
| ☐ Transportation, including rail, truck, bus, air, water and pipeline operations | ☐ Public administration |
| ☐ Telecommunications, broadcasting | ☐ Other (Specify: _____) |
| ☐ Utilities, including water and electricity | ☐ Don't Know |

A1b. Is your organization a casino, bingo hall, or race track?

- | | |
|------------------------------|-------------------------------------|
| ☐ Yes | ☐ Don't Know |
| ☐ No | |

A2. Where is the headquarters of your organization?

- | | |
|--|---|
| ☐ In Alberta | ☐ Outside Canada |
| ☐ Outside Alberta but within Canada | ☐ Don't Know |

A3. How many people does your organization currently employ in Alberta? PLEASE NOTE: Do not include sub-contractors when calculating this number. [PLEASE CHOOSE ONLY ONE RESPONSE]

- | | |
|---|---|
| ☐ less than 10 employees | ☐ 200 to 499 employees |
| ☐ 10 to 49 employees | ☐ 500+ employees |
| ☐ 50 to 199 employees | ☐ Don't Know |

A4. Approximately what percentage of your Alberta workforce are other than permanent full-time employees?

% _____

A5. Approximately what percentage of your Alberta workforce work shifts other than Monday to Friday, days?

% _____

A6. Approximately what percentage of your Alberta workforce worked overtime (paid or unpaid) in the last week?

% _____

A7. Approximately how many work sites do you have in Alberta?

A8. How many people work at the smallest work site?

A9. Approximately what percentage of your employees belong to a union(s)?

- | | |
|--|--------------------------------------|
| ☐ none | ☐ 50 - 74% |
| ☐ less than 10% | ☐ 75% or more |
| ☐ 10 - 24% | ☐ Don't Know |
| ☐ 25 - 49% | |

A10. Which of the following best indicates the total operating budget (i.e. expenditures) of your organization IN ALBERTA?

- | | |
|--|---|
| ☐ less than \$1 million | ☐ \$20 million to \$99.9 million |
| ☐ \$1 million to \$4.9 million | ☐ \$100 million or more |
| ☐ \$5 million to \$19.9 million | |

	No	Yes ↓				Don't Know	N/A
		once	2-5 times	6-9 times	10+ times		
q. An impaired employee's actions resulted in injury to someone outside the organization	☐	☐	☐	☐	☐	☐	☐
r. An impaired employee's actions resulted in accidental damage to equipment or property	☐	☐	☐	☐	☐	☐	☐
s. An employee with an alcohol or other drug use problem was caught stealing company or client property	☐	☐	☐	☐	☐	☐	☐
t. An employee with an alcohol or other drug use problem was suspected of sabotaging equipment	☐	☐	☐	☐	☐	☐	☐
u. Two or more workers got into a fight due to alcohol or other drug use	☐	☐	☐	☐	☐	☐	☐
v. An impaired employee was the subject of a customer or client complaint	☐	☐	☐	☐	☐	☐	☐
w. An employee was caught smoking on the job in an area where smoking is not permitted	☐	☐	☐	☐	☐	☐	☐
x. An employee was late for work or took too many breaks from work due to smoking	☐	☐	☐	☐	☐	☐	☐

B2. Please indicate whether the following applies to your organization:

	Never	Sometimes	Almost Always	Don't Know	Not Applicable
a. Alcohol is served at organization functions	☐	☐	☐	☐	☐
b. Alcohol is served at the organization's premises, on special occasions	☐	☐	☐	☐	☐
c. Alcohol is regularly served on the organization's premises	☐	☐	☐	☐	☐
d. Alcohol is permitted on the premises	☐	☐	☐	☐	☐
e. Tobacco use is permitted on the premises	☐	☐	☐	☐	☐
f. Alcohol is readily available near our main worksite(s)	☐	☐	☐	☐	☐
g. Street drugs are available near our main worksite(s)	☐	☐	☐	☐	☐
h. Co-workers go for a drink together after work	☐	☐	☐	☐	☐
i. Co-workers go for a drink together at lunch	☐	☐	☐	☐	☐

B3. On a 3-point scale, with 1 being Extremely Serious, 2 being Moderately Serious and 3 being Not Very Serious, please tell me, in your opinion, how serious a problem are the following:

	Extremely Serious	Moderately Serious	Not Very Serious	Don't Know/ No Response
a. Employee tobacco use in your ORGANIZATION	☐	☐	☐	☐
b. Employee tobacco use in your INDUSTRY	☐	☐	☐	☐
c. Employee alcohol use in your ORGANIZATION	☐	☐	☐	☐
d. Employee alcohol use in your INDUSTRY	☐	☐	☐	☐
e. Employee drug use in your ORGANIZATION	☐	☐	☐	☐
f. Employee drug use in your INDUSTRY	☐	☐	☐	☐

C. PREVALENCE AND PATTERNS OF GAMBLING

The next questions refer to incidents involving gambling. By gambling, we mean such things as buying lottery or scratch cards, playing bingo, playing slot machines or VLT's, playing casino table games, betting on sports, betting at the racetrack, Internet gambling, or betting against other people on games such as pool, darts, video games, cards, etc.

C1. Over the last 4 weeks, which of the following gambling incidents have been brought to your attention (PLEASE NOTE: AN INCIDENT IS DEFINED AS ONE SINGLE OCCURRENCE INVOLVING ANY EMPLOYEE)

[illegible]

C2. On a 5-point scale, with 1 being Strongly Disagree and 5 being Strongly Agree, please tell me how much you agree with the following statements:

[illegible]

- C3. On a 3-point scale, with 1 being Extremely Serious, 2 being Moderately Serious and 3 being Not Very Serious, please tell me, in your opinion, how serious a problem are the following:

	Extremely Serious	Moderately Serious	Not Very Serious	Don't Know/No Response
a. Employee gambling in your ORGANIZATION	☐	☐	☐	☐
b. Employee gambling in your INDUSTRY	☐	☐	☐	☐

D. WORKPLACE IMPACTS OF SUBSTANCE USE AND GAMBLING

- D1a. Which employee group (i.e. sales clerk, carpenter, auto mechanic) is the LARGEST of your organization? Please give a DETAILED description of the Occupational group.

- D1b. Please choose the one group below that best corresponds with the LARGEST occupational group of your organization? [PLEASE CHOOSE ONLY ONE RESPONSE]

- | | |
|---|---|
| <p>☐ Manager (plans/organizes/directs/controls functions of a department/division/program/ regional office/other unit)</p> <p>☐ Professional (teacher, nurse, doctor, engineer, dentist, accountant, etc.)</p> <p>☐ Clerical/office worker</p> <p>☐ Sales (selling/buying commodities, selling services, wholesale and retail businesses)</p> <p>☐ Service (providing protection, catering, accommodation, assistance, funeral services, hair styling, beauty treatments, personal services, washing or cleaning, operating elevators, minor maintenance repairs, technical support, etc.)</p> <p>☐ Primary occupations (upstream oil and gas, fishing/hunting/trapping and related occupations, forestry and logging operations, mining/quarrying)</p> | <p>☐ Processing (refining, mixing, compounding, chemically treating, conditioning, or otherwise treating materials for direct use; or to produce semi-finished materials for further machining or fabricating; or to produce finished products such as bricks, tiles, processed food, newsprint, lumber, plywood and cloth)</p> <p>☐ Construction (erecting, repairing and maintaining buildings and other works)</p> <p>☐ Transportation equipment operating (truck driver, bus driver, airline pilot, etc.)</p> <p>☐ Materials handling (occupations not elsewhere classified concerned with moving, lifting, loading, and packing materials and products)</p> <p>☐ Other (Please Specify):
 <hr/> <hr/> </p> |
|---|---|

- D2. Please consider the OCCUPATIONAL GROUP INDICATED ABOVE. If, for any reason, an employee did not perform his/her job well, how much chance, if any, would there be of the employee...

	No Chance	Very slight chance	Moderate chance	Quite a good chance	Don't Know	Not Applicable
a. Injuring him/herself	☐	☐	☐	☐	☐	☐
b. Injuring a co-worker	☐	☐	☐	☐	☐	☐
c. Injuring someone outside the organization	☐	☐	☐	☐	☐	☐
d. Damaging/polluting the environment	☐	☐	☐	☐	☐	☐
e. Damaging the company's equipment or property	☐	☐	☐	☐	☐	☐
f. Hurting the reputation of the organization	☐	☐	☐	☐	☐	☐
g. Causing the organization to lose a lot of money	☐	☐	☐	☐	☐	☐

- D3. In general, to what degree are the effects of ALCOHOL and OTHER DRUG USE a concern in your organization in terms of:

	Not a Concern	Somewhat of a Concern	A Very Significant Concern	Don't Know	Not Applicable
a. Absenteeism	☐	☐	☐	☐	☐
b. Tardiness	☐	☐	☐	☐	☐
c. Productivity	☐	☐	☐	☐	☐
d. Quality of product or service	☐	☐	☐	☐	☐
e. Turnover	☐	☐	☐	☐	☐
f. Employee health (mental/physical)	☐	☐	☐	☐	☐
g. Employee safety	☐	☐	☐	☐	☐
h. Public safety	☐	☐	☐	☐	☐
i. Equipment damage	☐	☐	☐	☐	☐
j. Employee theft	☐	☐	☐	☐	☐
k. Employee sabotage	☐	☐	☐	☐	☐
l. Organization's public image	☐	☐	☐	☐	☐
m. Organization's reputation	☐	☐	☐	☐	☐

- D4. In general, to what degree are the effects of GAMBLING a concern in your organization in terms of:

	Not a Concern	Somewhat of a Concern	A Very Significant Concern	Don't Know	Not Applicable
a. Absenteeism	☐	☐	☐	☐	☐
b. Tardiness	☐	☐	☐	☐	☐
c. Productivity	☐	☐	☐	☐	☐
d. Quality of product or service	☐	☐	☐	☐	☐
e. Turnover	☐	☐	☐	☐	☐
f. Employee health (mental/physical)	☐	☐	☐	☐	☐
g. Employee theft	☐	☐	☐	☐	☐
h. Employee sabotage	☐	☐	☐	☐	☐
i. Organization's public image	☐	☐	☐	☐	☐
j. Organization's reputation	☐	☐	☐	☐	☐

- D5. There are a number of costs that could be associated with alcohol and other drug use in the workplace. Please indicate whether each of the following have been a cost to your organization as a result of substance abuse among employees.

	Never Occurred	No Cost	Some or Modest Cost	Major Cost
a. Wages paid to workers who are absent from work due to an alcohol or other drug use problem	☐	☐	☐	☐
b. Cost of temporary workers to replace absent workers	☐	☐	☐	☐
c. Lost production from absenteeism or work slowdowns due to alcohol or other drug problems	☐	☐	☐	☐
d. Expenses associated with treatment of alcohol or other drug use problems	☐	☐	☐	☐
e. Loss of valued customers/ clients due to a reduction in the quality of a product or service	☐	☐	☐	☐
f. Cost of insurance	☐	☐	☐	☐
g. Other (please specify) _____	☐	☐	☐	☐

E2. If an employee were sent home from work due to apparent impairment from alcohol or other drug use, would your company...

- ☐ Escort the individual home? ☐ Allow the individual to go home on his/her own?

E3. Which of the following would most likely occur in the event that a worker required treatment for a substance problem? [PLEASE CHOSE ONLY ONE RESPONSE]

- ☐ Offer a sick leave with partial pay →
☐ Offer a short term leave without pay
☐ Offer a sick leave (with full pay)
☐ Suspension of the employee
☐ Dismissal of the employee
☐ Don't Know

E4. What percentage of current take home pay would the worker on sick leave receive so he/she could obtain treatment for a substance problem? % _____

E5. Does your organization have formal policies on.....

	Yes	No	Don't Know/ No Response
a. Tobacco?	☐	☐	☐
b. Alcohol?	☐	☐	☐
c. Drugs?	☐	☐	☐
d. Gambling?	☐	☐	☐



E6. If you have a formal GAMBLING policy, what is your company's policy?

PLEASE ANSWER E7 ONLY IF YOUR ORGANIZATION HAS A FORMAL POLICY ON SMOKING, ALCOHOL, DRUGS OR GAMBLING, ALL OTHERS PLEASE PROCEED TO QUESTION E8.

E7. Which of the following are included in your organization's policies regarding alcohol, other drug use or gambling in the workplace?

	Yes	No	Don't Know	Not Applicable
a. Prohibition of alcohol and other drug use across the organization	☐	☐	☐	☐
b. Training for supervisors in recognizing alcohol and other drug use problems	☐	☐	☐	☐
c. Training supervisors in helping other employees see their alcohol and other drug problems	☐	☐	☐	☐
d. Training for all employees related to preventing alcohol and other drug use problems	☐	☐	☐	☐
e. Provision of sick leave for employees undergoing treatment	☐	☐	☐	☐
f. Provision to reassign employees facing alcohol and other drug use problems	☐	☐	☐	☐
g. Security procedures to prevent the presence of drugs in the workplace (other than drug testing)	☐	☐	☐	☐
h. Progressive discipline to deal with substance use problems in the workplace	☐	☐	☐	☐
i. Information sessions for all employees on the organization's substance use policies	☐	☐	☐	☐
j. Promotion of work wellness (or health promotion in the workplace)	☐	☐	☐	☐
k. Provision of a smoke-free workplace	☐	☐	☐	☐
l. Prohibition of gambling at the workplace	☐	☐	☐	☐
m. Provision of information for all employees on the organization's policies regarding workplace gambling	☐	☐	☐	☐

E8. Does your company have an alcohol or other drug testing program?

- ☐ Yes
- ☐ No → *[please go to question E11]*
- ☐ Don't Know → *[please go to question E11]*

- E9. Which of the following components are included in your alcohol or other drug testing program?
[PLEASE CHECK ALL THAT APPLY]

	Yes for Alcohol	Yes for Drugs	No for either	Don't Know	Not Applicable
a. Random testing of all employees	☐	☐	☐	☐	☐
b. Random testing of a defined set of employees (e.g. safety sensitive employees)	☐	☐	☐	☐	☐
c. Testing after an accident involving damage or injury	☐	☐	☐	☐	☐
d. Testing after a near miss not involving damage or injury	☐	☐	☐	☐	☐
e. Testing on referral by a supervisor who has noticed performance problems	☐	☐	☐	☐	☐
f. Pre-employment testing	☐	☐	☐	☐	☐
g. Periodic medicals	☐	☐	☐	☐	☐

- E10. How effective has the testing program been in terms of its effects on:

	Very Effective	Somewhat Effective	No Noticeable Effect	Don't Know	Not Applicable
a. Reducing ALCOHOL use problems in the workplace?	☐	☐	☐	☐	☐
b. Reducing DRUG use in the workplace?	☐	☐	☐	☐	☐

E11. Do employees in your organization have access to an employee assistance program (i.e. EAP) sponsored by the organization?

- ☐ No [please go to question E17] →
- ☐ Don't Know [please go to question E17] →
- ☐ Yes [Please answer E12, E13, E14, & E15]



E12. How is the employee assistance program funded?

- ☐ The employer alone
- ☐ Employees and the employer
- ☐ Employees only

E13. Is there an employee advisory or steering committee overseeing the employee assistance program?

- ☐ Yes
- ☐ No
- ☐ Don't Know

E14. What is the annual budget of the assistance program?

\$ _____

E15. How are employees referred to your organization's assistance program? [PLEASE CHOOSE ALL THAT APPLY]

- | | |
|---|---|
| ☐ Supervisor referral | ☐ Results of alcohol or drug testing |
| ☐ Co-workers' referral | ☐ Other |
| ☐ Self-referral | ☐ Don't Know |

E16. Who is eligible for your assistance program?

- | | |
|--|---|
| ☐ Current full-time employees | ☐ Employees' family members |
| ☐ Current part-time employees | ☐ Other, please specify: _____ |
| ☐ Retired employees | ☐ Don't Know |

E17. Which of the following best describes why your organization does not have an assistance program? [PLEASE CHOOSE ALL THAT APPLY]

- ☐ We are too small
- ☐ We cannot afford it
- ☐ We don't think we need one
- ☐ Our employees are scattered over too many work sites
- ☐ Other, please specify: _____

- ☐ Don't Know (please go to Question E 18)

E18. Do employees in your organization have access to Member Assistance Program (MAP) sponsored by a union or employee association?

- ☐ Yes *[please go to question E19]* ➔
- ☐ No
- ☐ Don't Know

E19. How is the MAP program funded?
[PLEASE CHOOSE ONLY ONE RESPONSE]

- ☐ The union/association and the employer
- ☐ The union/association alone
- ☐ Don't Know

E20. Is there an employee advisory committee overseeing the MAP program? [PLEASE CHOOSE ONLY ONE RESPONSE]

- ☐ Yes
- ☐ No
- ☐ Don't Know

E21. Does your organization assist employees who are returning to the workforce following treatment for an alcohol or other drug use problem?

- ☐ Yes *[please go to question E22]* ➔
- ☐ No
- ☐ Don't Know

E22. Which of the following approaches do you use? [PLEASE CHOOSE ALL THAT APPLY]

- ☐ Follow-up or aftercare program in the workplace
- ☐ Time off for ongoing treatment
- ☐ Reassignment to other work areas
- ☐ Coaching/training of co-workers and supervisors
- ☐ Other, please specify:

- ☐ Don't Know

E23a. In your opinion, does more need to be done to deal with alcohol and drug abuse in the workplace in Alberta?

- ☐ Yes
- ☐ No
- ☐ Don't Know

E23b. In your opinion, does more need to be done to deal with gambling issues in the workplace in Alberta?

- ☐ Yes
- ☐ No
- ☐ Don't Know

E24. In your opinion, which of the following actions has worked best for your organization in responding to alcohol/other drug and gambling problems in the workplace? [PLEASE CHOOSE ALL THAT APPLY]

- | | |
|---|---|
| ☐ Promotion of "alcohol-free" workplaces through the media | ☐ Provision of opportunities for workers to undergo residential treatment for gambling without threat of job loss |
| ☐ Promotion of "drug-free" workplaces through the media | ☐ Provision of opportunities for workers to undergo out-patient treatment for alcohol and other drugs without threat of job loss |
| ☐ Promotion of "gambling-free" workplaces through the media | ☐ Provision of opportunities for workers to undergo out-patient treatment for gambling without threat of job loss |
| ☐ Promotion of "tobacco-free" workplaces through the media | ☐ Drug testing |
| ☐ Provision of promotional materials for workplace wellness programs | ☐ Use of last chance agreements with employees |
| ☐ Provision of information on alcohol and other drug use in the workplace | ☐ Provision of literature and promotional materials on gambling |
| ☐ Provision of model policies on alcohol and other drug use in the workplace | ☐ Other, please specify:

_____ |
| ☐ Provision of materials to train supervisors/managers in identifying and dealing with alcohol and other drug use problems | |
| ☐ Provision of opportunities for workers to undergo residential treatment for alcohol and other drugs without threat of job loss | |
| | ☐ Don't Know |

E25. Who should be involved in dealing with alcohol, other drug and gambling problems in the workplace? [PLEASE CHOOSE ALL THAT APPLY]?

☐ Employers	☐ Government (Please Specify) _____
☐ Unions/employee associations	_____
☐ Workers/employees	☐ Educational institutions
☐ Worker/employee committees	☐ Professional associations
☐ Community groups	☐ Other (Please Specify) _____
☐ Worker/management committees	_____
☐ Industry associations	_____
☐ Medical/health care professionals	☐ Don't Know

E26. Who should take the lead role? [PLEASE CHOOSE ONLY ONE RESPONSE]

☐ Employers	☐ Government (Please Specify): _____
☐ Unions/employee associations	_____
☐ Workers/ employees	☐ Educational institutions
☐ Worker/employee committees	☐ Professional associations
☐ Worker/management committees	☐ No one should take the lead role, should be a collaborative effort.
☐ Community groups	☐ Other (Specify: _____
☐ Industry associations	_____
☐ Medical/health care professionals	☐ Don't Know

E27. That completes the survey. Do you have any other comments on any of the issues discussed throughout the survey?

**THANK YOU VERY MUCH FOR COMPLETING THIS SURVEY.
PLEASE RETURN BY MAIL USING THE ENCLOSED POSTAGE-PAID SELF-ADDRESSED
ENVELOPE OR BY FAX (TOLL-FREE) 1-866-448-9047, BY March 14, 2003.
PLEASE MAKE SURE TO INCLUDE ALL PAGES WHEN FAXING – THANK YOU.**

THE ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION (AADAC)
SUBSTANCE USE AND GAMBLING IN THE ALBERTA WORKPLACE, 2003:
A REPLICATION STUDY

Union Survey

ABOUT THIS QUESTIONNAIRE:

- A union representative, business agent or union executive member should complete this survey.
- The information you provide will be treated with the **strictest confidence**; only the researchers will have access to the individual survey responses and the results will be reported to by the Alberta Alcohol and Drug Abuse Commission (AADAC) in summary form only.
- If you have any questions, please feel free to contact the independent research firm conducting this study, **R.A. Malatest & Associates Ltd.**, at **1-877-665-6252**.
- Please mail your completed questionnaire in the postage-paid self-addressed envelope provided, or by toll-free fax at **1-866-448-9047**, by **March 14, 2003**.

A. BACKGROUND

The first section asks for some background information on your union. It will help us understand the different situations Alberta unions' face.

A1. Where is your local union headquartered? [PLEASE CHOOSE ONLY ONE RESPONSE]

- ☐ In Alberta
- ☐ Outside Alberta, but within Canada
- ☐ Outside Canada

A2. Approximately how many members does your local union have IN ALBERTA

_____ members

A3. Approximately what percentage of your members works in each of the following industries?

_____ % Mining	_____ % Education (including schools and universities)
_____ % Manufacturing and processing (including saw mills, pulp, paper, oil and gas and food processing)	_____ % Hospitals, health care
_____ % Construction	_____ % Social services
_____ % Transportation	_____ % Other services
_____ % Telecommunications, broadcasting	_____ % Public administration
_____ % Utilities	_____ % Agriculture
_____ % Wholesale and retail trade	_____ % Upstream oil and gas (including exploration, drilling, servicing, well operations and gas plants)
_____ % Accommodation, food & beverage	_____ % Forestry
_____ % Finance, insurance, real estate	100% Total

A4. What percentage of your Alberta members works in each of the following occupational groups?

_____ %	Professional (Engineer, Teacher Nurse, etc.)
_____ %	Clerical/office worker
_____ %	Sales (selling/buying commodities, selling services, wholesale and retail businesses)
_____ %	Service (providing protection, catering, accommodation, assistance, funeral service, hair styling, beauty treatments, personal services, washing or cleaning, operating elevators, minor maintenance repairs, etc.)
_____ %	Primary occupations (upstream oil and gas, fishing/hunting/trapping and related occupations, forestry and logging operations, mining/quarrying)
_____ %	Processing (refining, mixing compounding, chemically treating, conditioning, or otherwise treating materials for direct use; or to produce finished products such as bricks, tiles, processed food, newsprint, lumber, plywood and cloth)
_____ %	Construction (erecting, repairing and maintaining buildings and other works)
_____ %	Transportation equipment operating (truck driver, bus driver, airline pilot, etc.)
_____ %	Materials handling (occupations not elsewhere classified concerned with moving, lifting, loading, and packaging materials and products)
_____ %	Other crafts/trade
_____ %	Other (Please specify: _____)
100%	

	No	Yes ↓				Don't Know	N/A
		once	2-5 times	6-9 times	10+ times		
o. A member was injured on the job due to his/her impairment	☐	☐	☐	☐	☐	☐	☐
p. An impaired employee's actions resulted in injury to a co-worker	☐	☐	☐	☐	☐	☐	☐
q. An impaired employee's actions resulted in injury to someone outside the organization	☐	☐	☐	☐	☐	☐	☐
r. An impaired employee's actions resulted in accidental damage to equipment or property	☐	☐	☐	☐	☐	☐	☐
s. A member with apparent alcohol or other drug use problems was caught stealing company or client property	☐	☐	☐	☐	☐	☐	☐
t. A member with apparent alcohol or other drug use problems was suspected of sabotaging equipment	☐	☐	☐	☐	☐	☐	☐
u. Two or more workers got into a fight due to alcohol or other drug use	☐	☐	☐	☐	☐	☐	☐

B2. Please indicate if the following generally apply in the organizations where your members work:

	Never	Sometimes	Almost Always	Don't Know	Not Applicable
a. Alcohol is served at company functions	☐	☐	☐	☐	☐
b. Alcohol is served on the company's premises, on special occasions	☐	☐	☐	☐	☐
c. Alcohol is regularly served on the organization's premises	☐	☐	☐	☐	☐
d. Alcohol is permitted on the premises	☐	☐	☐	☐	☐
e. Alcohol is readily available near main worksite(s)	☐	☐	☐	☐	☐
f. Tobacco use is permitted on the premises	☐	☐	☐	☐	☐
g. Street drugs are available near main worksite(s)	☐	☐	☐	☐	☐
h. Work teams go for a drink together after work	☐	☐	☐	☐	☐
i. Co-workers socialize with each other	☐	☐	☐	☐	☐
j. Alcohol is served at union functions	☐	☐	☐	☐	☐
k. Alcohol is served on the union premises	☐	☐	☐	☐	☐

- B3. On a 3-point scale, with 1 being Extremely Serious, 2 being Moderately Serious and 3 being Not Very Serious, please tell me, in your opinion, how serious a problem are the following:

	Extremely Serious	Moderately Serious	Not Very Serious	Don't Know /No Response
a. Alcohol use by your union members in the WORKPLACE	☐	☐	☐	☐
b. Alcohol use by ALBERTA WORKERS IN GENERAL	☐	☐	☐	☐
c. Drug use by your union members in the WORKPLACE	☐	☐	☐	☐
d. Drug use by ALBERTA WORKERS IN GENERAL	☐	☐	☐	☐
e. Tobacco use by your union members in the WORKPLACE	☐	☐	☐	☐
f. Tobacco use by ALBERTA WORKERS IN GENERAL	☐	☐	☐	☐

C. PREVALENCE AND PATTERNS OF GAMBLING

The next questions refer to incidents involving gambling. By gambling, we mean such things as buying lottery or scratch cards, playing bingo, playing slot machines or VLT's, playing casino table games, betting on sports, betting at the racetrack, Internet gambling, or betting against other people on games such as pool, darts, video games, cards, etc.

- C1. Over the last 4 weeks, which of the following gambling incidents have been brought to your attention (PLEASE NOTE: AN INCIDENT IS DEFINED AS ONE SINGLE OCCURRENCE INVOLVING A MEMBER)

[illegible]

- C2. On a 5-point scale, with 1 being Strongly Disagree and 5 being Strongly Agree, please tell me how much you agree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know/ No Response
a. Gambling is a socially acceptable activity in organizations where your members work	☐	☐	☐	☐	☐	☐
b. Sports pools, betting and joint lottery purchases are a common activities in organizations where your members work	☐	☐	☐	☐	☐	☐

- C3. On a 3-point scale, with 1 being Extremely Serious, 2 being Moderately Serious and 3 being Not Very Serious, please tell me, in your opinion, how serious a problem are the following:

	Extremely Serious	Moderately Serious	Not Very Serious	Don't Know/No Response
a. Gambling by union members in the workplace	☐	☐	☐	☐
b. Gambling by Alberta workers in general	☐	☐	☐	☐

D. WORKPLACE IMPACTS OF SUBSTANCE USE AND GAMBLING

- D1. Please consider the LARGEST OCCUPATIONAL GROUP in your membership. If, for any reason, a member did not perform his/her job well, how much chance, if any, would there be of the worker...

	No Chance	Very slight chance	Moderate chance	Quite a good chance	Don't Know	Not Applicable
a. Injuring him/herself	☐	☐	☐	☐	☐	☐
b. Injuring a co-worker	☐	☐	☐	☐	☐	☐
c. Injuring someone outside the organization	☐	☐	☐	☐	☐	☐
d. Damaging/polluting the environment	☐	☐	☐	☐	☐	☐
e. Damaging the company's equipment or property	☐	☐	☐	☐	☐	☐
f. Hurting the reputation of the organization	☐	☐	☐	☐	☐	☐
g. Causing the organization to lose a lot of money	☐	☐	☐	☐	☐	☐

D2. How concerned are you about the effect of alcohol and other drug use in the workplace? Please indicate your concern in terms of the following areas:

	Not Concerned at all	Somewhat Concerned	Very Concerned	Don't Know	Not Applicable
a. Worker health	☐	☐	☐	☐	☐
b. Worker safety	☐	☐	☐	☐	☐
c. Co-worker safety	☐	☐	☐	☐	☐
d. Public safety	☐	☐	☐	☐	☐
e. Union image	☐	☐	☐	☐	☐
f. The work environment	☐	☐	☐	☐	☐

D3. How concerned are you about the effect of gambling in the workplace? Please indicate your concern in terms of the following areas:

	Not Concerned at all	Somewhat Concerned	Very Concerned	Don't Know	Not Applicable
a. Worker safety	☐	☐	☐	☐	☐
b. Co-worker safety	☐	☐	☐	☐	☐
c. Union image	☐	☐	☐	☐	☐
d. The work environment	☐	☐	☐	☐	☐

E. RESPONSE OPTIONS

E1. Please indicate the type of disciplinary action which you union would consider appropriate for each of the following incidents... (assume this was the first such incident for the member)

[PLEASE CHECK ALL THAT APPLY]

[illegible]

	No Action	Warning	Suspension	Dismissal	Refer for counseling	Reassign to less sensitive area	Don't Know	Not Applicable
d. The member was involved in a near miss in which alcohol was suspected to have played a role	☐	☐	☐	☐	☐	☐	☐	☐
e. The member was involved in an accident in which alcohol was suspected to have played a role and which resulted in injury to an other employee or the public	☐	☐	☐	☐	☐	☐	☐	☐
f. The member was involved in an accident in which drugs were suspected to have played a role, but in which no harm came to anyone.	☐	☐	☐	☐	☐	☐	☐	☐
g. The member was involved in a near miss in which drugs were suspected to have played a role.	☐	☐	☐	☐	☐	☐	☐	☐
h. The member was involved in an accident in which drugs were suspected to have played a role, and which resulted in injury to another employee or the public.	☐	☐	☐	☐	☐	☐	☐	☐

E2. Do your collective agreements cover or do members' employers generally have formal policies dealing with ...

	Yes	No	Don't Know/No Response
a. tobacco?	☐	☐	☐
b. alcohol?	☐	☐	☐
c. drugs?	☐	☐	☐
d. gambling?	☐	☐	☐

PLEASE ANSWER E3 ONLY IF YOUR COLLECTIVE AGREEMENT HAS A FORMAL POLICY ON SMOKING, ALCOHOL, DRUGS OR GAMBLING, ALL OTHERS PLEASE PROCEED TO QUESTION E4.

- E3. Which of the following are typically included in these policies? [PLEASE CHECK ALL THAT APPLY]

	Yes	No	Don't Know	Not Applicable
a. Prohibition of alcohol and other drug use across the organization	☐	☐	☐	☐
b. Training for members in recognizing alcohol and other drug use problems	☐	☐	☐	☐
c. Training for all employers relating to preventing alcohol and other drug use problems	☐	☐	☐	☐
d. Provision of sick leave for employees undergoing treatment	☐	☐	☐	☐
e. Provision to reassign employees facing alcohol and other drug use problems	☐	☐	☐	☐
f. Security procedures to prevent the presence of drugs in the workplace (other than drug testing)	☐	☐	☐	☐
g. Progressive discipline to deal with substance use problems in the workplace	☐	☐	☐	☐
h. Information sessions for all employees on the organization's substance use policies	☐	☐	☐	☐
i. Promotion of workplace wellness (health promotion in the workplace)	☐	☐	☐	☐
j. Provision of a smoke-free workplace	☐	☐	☐	☐
k. Provision of smoking areas for lunch and coffee breaks	☐	☐	☐	☐
l. Prohibition of gambling at the workplace	☐	☐	☐	☐
m. Provision of information for all employees on the organization's policies regarding workplace gambling	☐	☐	☐	☐

- E4. The question of drug testing in the workplace is a very sensitive and controversial issue. It is important to find out how extensive drug testing is at present. Is alcohol or other drug testing conducted in any workplaces where you have members?

- ☐ Yes
- ☐ No → [please go to question E6]
- ☐ Don't Know → [please go to question E6]

- E5. Which of the following components are included in this alcohol or other drug-testing program? [PLEASE CHECK ALL THAT APPLY]

	Yes for Alcohol	Yes for Drugs	No for either	Don't Know	Not Applicable
a. Random drug testing of all workers	☐	☐	☐	☐	☐
b. Random testing of a defined set of workers	☐	☐	☐	☐	☐
c. Drug testing after an accident	☐	☐	☐	☐	☐
d. Drug testing after a near miss	☐	☐	☐	☐	☐
e. Testing on referral by a supervisor who has noticed performance problems	☐	☐	☐	☐	☐
f. Pre-employment testing	☐	☐	☐	☐	☐

E6. Does your union sponsor a Member Assistance Program (MAP)?

- ☐ Yes *[Please answer E7, E8, E9, & E10]* ➔
- ☐ No *[Please go to question E11]*
- ☐ Don't Know *[Please go to question E11]*



E11. Why does your union not have a MAP program?
[PLEASE CHECK ALL THAT APPLY]

- ☐ We are too small
- ☐ We cannot afford it
- ☐ We don't think we need one
- ☐ Our members are scattered over too many worksites and would be hard to reach
- ☐ Other (PLEASE SPECIFY):

☐ Don't Know

[please go to question E12]

E7. What is your annual budget for your MAP?

\$ _____

E8. In what areas does the MAP generally provide assistance? [PLEASE CHECK ALL THAT APPLY]

- ☐ Drug or alcohol problems
- ☐ Family problems
- ☐ Financial problems
- ☐ Personal and other work-related problems
- ☐ Legal problems

E9. Who is eligible for assistance through your MAP? [PLEASE CHECK ALL THAT APPLY]

- ☐ Current members
- ☐ Retired members
- ☐ Members' families
- ☐ Other (PLEASE SPECIFY):

E10. How are members usually referred to your union's MAP? [PLEASE CHOOSE ONLY ONE RESPONSE]

- ☐ Union representative referral
- ☐ Other members referral
- ☐ Supervisory/employer referral
- ☐ Self-referral
- ☐ Other (Please Specify):

- E12. Apart from Member Assistance Programs sponsored by unions, some union members may have access to Employee Assistance Programs, run by the employer. Do some members of your union have access to EAP's?

☐ Yes
☐ No
☐ Don't Know

- E13a. What percentage of your membership has access to EITHER a MAP or an EAP?

_____ %

- E13b. Do you feel that Employee Assistance Programs, run by the employer, are a good way to deal with problems like gambling, alcohol and drug abuse?

☐ Yes
☐ No
☐ Don't Know

- E14. Which of the following would MOST LIKELY occur in the event that a member in your union required treatment for a substance problem? [PLEASE CHOSE ONLY ONE RESPONSE]

- ☐ Offer a sick leave with partial pay →
☐ Offer a short term leave without pay
☐ Offer a sick leave (with full pay)
☐ Don't Know

- E15. What percentage of current take home pay would the worker on sick leave receive so he/she could obtain treatment for a substance problem?

% _____

- E16. In the event that a member took leave to undergo treatment, would he/she retain union membership and the associated benefits?

☐ Yes
☐ No
☐ Don't Know

E17. Please rate each of the following employment policy options in terms of their likely effect on reducing alcohol or drug problems in the workplace.

	Very effective	Somewhat effective	Not at all effective	Don't know
a. Training for supervisors in recognizing worker alcohol and other drug use problems	☐	☐	☐	☐
b. Training for supervisors in helping workers see their alcohol and other drug use problems	☐	☐	☐	☐
c. Training for union stewards in recognizing and assisting members with alcohol and other drug use problems	☐	☐	☐	☐
d. Training for all employees related to preventing alcohol and other drug use problems	☐	☐	☐	☐
e. Provision of sick leave for employees undergoing treatment	☐	☐	☐	☐
f. Provision to reassign employees facing alcohol and other drug use problems	☐	☐	☐	☐
g. Security procedures to prevent the presence of drugs in the workplace (other than drug testing)	☐	☐	☐	☐
h. Progressive discipline to deal with alcohol and other drug use problems in the workplace	☐	☐	☐	☐
i. Information sessions for all employees on the organization's alcohol and other drug use policies	☐	☐	☐	☐
j. Promotion of workplace wellness (health promotion in the workplace)	☐	☐	☐	☐
k. Provision of a smoke-free workplace	☐	☐	☐	☐
l. Provision of smoking areas for lunch and coffee breaks	☐	☐	☐	☐

E18a. In your opinion, does more need to be done to deal with alcohol, other drug and tobacco abuse in the workplace in Alberta?

- ☐ Yes
- ☐ No
- ☐ Don't Know

E18b. In your opinion, does more need to be done to deal with gambling issues in the workplace in Alberta?

- ☐ Yes
- ☐ No
- ☐ Don't Know

- E19. Which of the following actions would you recommend in responding to alcohol and other drug problems in the workplace in Alberta? **[PLEASE CHOOSE ALL THAT APPLY]**

☐ Promotion of "alcohol-free" workplaces through the media	☐ Provision of opportunities for workers to undergo residential treatment for gambling without threat of job loss
☐ Promotion of "tobacco-free" workplaces through the media	☐ Provision of opportunities for workers to undergo out-patient treatment for alcohol and other drugs without threat of job loss
☐ Promotion of "drug-free" workplaces through the media	☐ Provision of opportunities for workers to undergo out-patient treatment for gambling without threat of job loss
☐ Promotion of "gambling-free" workplaces through the media	☐ Drug testing
☐ Provision of promotional materials for workplace wellness programs	☐ Use of last chance agreements with employees
☐ Provision of information on alcohol and other drug use in the workplace	☐ Provision of literature and promotional materials on gambling
☐ Provision of model policies on alcohol and other drug use in the workplace	☐ Other, please specify: _____ _____
☐ Provision of materials to train supervisors/managers in identifying and dealing with alcohol and other drug use problems	☐ Don't Know
☐ Provision of opportunities for workers to undergo residential treatment for alcohol and other drugs without threat of job loss	

- E20. Who should be involved in dealing with alcohol, tobacco other drug and gambling problems in the workplace? **[PLEASE CHOOSE ALL THAT APPLY]**

☐ Employers	☐ Medical/health care professionals
☐ Unions	☐ Government (Please Specify): _____ _____
☐ Workers	☐ Educational institutions
☐ Worker committees	☐ Professional associations
☐ Joint labour worker management committees	☐ Other (Specify): _____ _____
☐ Community groups	☐ Don't Know
☐ Industry associations	

E21. Who should take the lead role? [PLEASE CHOOSE ONLY ONE RESPONSE]

- | | |
|---|--|
| ☐ Employers | ☐ Medical/health care professionals |
| ☐ Unions | ☐ Government |
| ☐ Workers | ☐ Educational institutions |
| ☐ Worker committees | ☐ Professional associations |
| ☐ Joint labour management committees | ☐ No one should take the lead role, should be a collaborative effort. |
| ☐ Community groups | ☐ Don't Know |
| ☐ Industry associations | |

E22. That completes the survey. Do you have any other comments on any of the issues discussed throughout the survey?

THANK YOU VERY MUCH FOR COMPLETING THIS SURVEY.

PLEASE RETURN BY MAIL USING THE ENCLOSED POSTAGE-PAID SELF-ADDRESSED ENVELOPE OR BY FAX (TOLL-FREE) 1-866-448-9047, BEFORE MARCH 14, 2003.

APPENDIX B: EMPLOYEE AND EMPLOYER SAMPLING FRAME

APPENDIX B: SURVEY QUOTAS

The following appendix outlines the basis for target quotas for *Substance Use and Gambling in the Workplace 2002: A Replication Study*. Further detail on response rate and methodology of the Employee, Employer and Union surveys are outlined in Section 2 of the report.

Quotas for the Employee Survey

Quotas for employees were developed for age, occupation and region.

Quotas by age were developed using Statistics Canada data on Working Age Population from the Statistics Canada Labour Force Survey 2001 as shown in Table 1 below.

TABLE B-1
EMPLOYEE DATA QUOTAS BY AGE

Age Category	Population of Alberta	%		Target Survey Quotas	Actual # of Completions
18-34	576,364	40.43	0.40431	1,132	934
35-50	588,119	41.26	0.412556	1,155	1306
50+ years	261,066	18.31	0.183134	513	596
Total	1,425,549	100.00	1	2,800	2836

The same employee occupation categories used in the 1992 survey were used again in 2002. The occupation quotas that were developed reflected a representative sample using data obtained from the 1996 Labour Force Statistics. Detailed descriptions of the occupations, quotas, and actual completions for the Employee Survey are given in Table 2 below.

TABLE B-2
EMPLOYEE DATA QUOTAS BY OCCUPATION

Occupations used for quotas by AADAC in 1992	1992 Descriptions	Statistics Canada Occupations 1996 – Descriptions	1996 Labour Force Statistics	%	Survey Quotas	Actual # of Completions
Manager	plans/organizes/ controls functions of a department/division/ program/other unit	Management occupations: Senior/Specialist/other managers	122,245	8.368675	234	371
Professional	teacher, lawyer, doctor, nurse, engineer, dentist, accountant etc	Professional Occupations in Business & Finance (25560), Professional Occupations in Natural & Applied Science (44125), Professional Occupations in Health (13990), Nurse supervisors and registered nurses (21370), Judges, lawyers, psychologists, social workers (26355), Teachers and professors (50945), Professional Occupations in Art and culture (14420), Technical occupations related to natural and applied sciences (35565)	232,330	15.9049	445	703

Occupations used for quotas by AADAC in 1992	1992 Descriptions	Statistics Canada Occupations 1996 – Descriptions	1996 Labour Force Statistics	%	Survey Quotas	Actual # of Completions
Clerical/office worker		Finance and insurance admin. occupations (22960), Secretaries (35320), Administrative and regulatory occupations (24575), Clerical supervisors (9310), Clerical occupations (155550)	247,715	16.95813	475	256
Sales	selling and buying commodities, selling services, wholesale and retail businesses	Sales and service supervisors (11505), Wholesale/technical/insurance/real estate (40860), Retail salespersons and sales clerks (56220), Cashiers (26945), Sales and service occupations n.e.c (122735)	258,265	17.68036	495	228
Services	providing protection, catering, accommodation, assistance, funeral service, hair styling, beauty treatments, personal services, washing or cleaning, operating elevators, minor maintenance repair	Chefs and cooks (24540), Occupations in food and beverage service (33040), Occupations in protective service (23255), Occupations in travel and accommodation (12035), Childcare and home support workers (39935), Technical and related occupations in health (16500), Assisting occupations in support of health services (13345), Paralegals, social services workers and occupations in education and religion n.e.c (11950), Tech. Occupations in art/culture/recreation/sport (18890), Mechanics (34905)	228395	15.63551	438	579
Farmer	wheat/grain grower, dairy, rancher, etc	Occupations unique to agriculture excluding labourers (80365)	80,365	5.501645	154	117
Other Primary Occupations	upstream oil and gas, fishing/hunting/trapping and related occupations, forestry and logging operations, mining/quarrying	Occupations unique to forestry operations, mining, oil and gas, extraction and fishing (16745), Primary production labourers (18055)	34,800	2.382346	67	60
Processing / Manufacturing	refining, mixing compounding, chemically treating, conditioning, or otherwise treating materials for direct use, or to produce semi-finished materials for tiles, processed food, newsprint, lumber, plywood and cloth	Supervisors in manufacturing (7775), Machine operators in manufacturing (42155), Assemblers in manufacturing (8450), Labourers in processing, manufacturing and utilities (13580), Machinists/metal forming/shaping/erecting occupations (8055)	80,015	5.477684	153	65
Construction (Trades)	erecting, repairing and maintaining buildings and other works	Construction trades (35080), Contractors & supervisors in trades/ transportation (17550), Other trades (11565), Trades helpers/construction/transportation labourers (31130)	95325	6.52578	183	173
Transportation equipment operating	truck driver, bus driver, airline pilot etc.	Heavy equipment and crane operators (14645), Transportation equipment and related workers (51275), Stationary engineers, power station operators and electrical trades and telecommunication occupations (15370)	81290	5.564969	156	69

Occupations used for quotas by AADAC in 1992	1992 Descriptions	Statistics Canada Occupations 1996 – Descriptions	1996 Labour Force Statistics	%	Survey Quotas	Actual # of Completions
Material handling	occupations not elsewhere classified concerned with moving, lifting, loading and packaging materials and products			0		*
Other						215
Total			1460745	100	2,800	2,836

*Combined with Construction (Trades) during surveying.

Quotas by Region were developed using the Working Age Population data based on 1996 Canadian Census Data.

TABLE B-3
QUOTAS BY REGION FOR ALBERTA WORKING AGE POPULATION

Region	WAP based on 1996 Census from AHRE	%	Survey Quota Targets	Actual # of Completions
Edmonton	561,255	31.02	869	878
Calgary	609,735	33.70	944	975
Other Alberta	638,415	35.28	987	983
Total	1,809,405	100.00	2,800	2,836

Employer Survey Quotas

The employer sample was selected to obtain a representative sample of employers, including small employers with five or more employees. Averages for size of organization were undertaken between data obtained from The Alberta Business Monitor 2001, Statistics Canada June 2002 and InfoCanada 2003. It should be noted, however, that the data regarding number of employees provided by the sample differed somewhat from the number provided by employers during survey administration. Therefore, the actual number of completions is based on the data provided by the employers and not on the data by which the quotas were set. Of the 2,736 questionnaires mailed out, 414 were returned as undeliverable for a total sample size of 2322.

TABLE B-4
EMPLOYER TARGET QUOTAS BY ORGANIZATION'S NUMBER OF EMPLOYEES

Number of Employees	5 to 9	10 to 19	20 to 49	50 to 99	100 to 199	200+	Total
AB Business Monitor 2001	43.00%	28.00%	25.00%	3.00%	1.00%	0.02%	100%
Statistics Canada June 2002	40.20%	28.20%	19.50%	7.10%	3.20%	1.80%	100%
InfoCanada 2003	48.80%	26.70%	17.00%	4.50%	1.70%	1.20%	99.9%
Sum	132.00%	82.90%	61.50%	14.60%	5.90%	3.02%	299.9%
Average	44.00%	27.63%	20.50%	4.87%	1.97%	1.01%	99.97%
Quotas for Mail-out	1232	774	574	136	55	28	2799
Actual Mail out - Jan 27/03	1232	774	515	136	51	28	2736

Number of Employees	Less than 10	10 to 49	50 to 199	200 +	DK/NR	Total
Quota Completions by Employer Size	308	337	48	7	—	700
Actual # of Completions	284	302	93	66	10	755

As noted in the report methodology (Section 2), sample selection differed for both the employees and employers in 2002 as compared to 1992. In the 2002 *Employee Survey*, only workers aged 18 years and older were included in the survey, while in 1992 survey employees aged 16 years and older were included.

Sample selection for the employer survey differed from 1992 in that the 2002 sample was drawn to include small employers (employers with five or more employees) and was representative of Alberta's employers based on employer size, of which small employers constitute the largest proportion of employers. In 1992, small employers (employers with less than 10 employees) were excluded from the sample and large employers (employers with 200 or more employees) were over-sampled, given that they had the largest share of employees. Tables 5-A and 5-B illustrate the percent differences based on number of employees from 1992 to 2002. Appendix F details the subsequent weights that were applied to the 1992 data for comparison purposes.

TABLE B-5A
DIFFERENCE IN EMPLOYER DISTRIBUTION BASED ON EMPLOYER SIZE BETWEEN 1992 AND 2002

Number of Employees	1992	2002	% Difference
Less than 10 employees	3.1%	38.1%	-35.0%
10 to 49 employees	32.5%	40.5%	-8.0%
50 to 199 employees	18.4%	12.5%	+5.9%
200 to 499 employees	20.9%	4.3%	+16.6%
500+ employees	25.0%	4.6%	+20.4%

TABLE B-5B
DIFFERENCE IN EMPLOYER DISTRIBUTION BASED ON EMPLOYER SIZE BETWEEN 1992 AND 2002

Number of Employees	1992	2002	% Difference
10 to 49 employees	33.5%	65.5%	-32.0%
50 to 199 employees	19.0%	20.2%	-1.2%
200 to 499 employees	21.6%	6.9%	+14.7%
500+ employees	25.8%	7.4%	+18.4%

APPENDIX C: DESCRIPTIONS OF THE ALCOHOL USE
DISORDERS IDENTIFICATION TEST
(AUDIT); THE DRUG ABUSE SCREENING
TEST (DAST); THE CANADIAN PROBLEM
GAMBLING INDEX (CPGI); AND
METHODS USED FOR TOBACCO,
ALCOHOL AND ILLICIT DRUG PROFILE
DEVELOPMENT

APPENDIX C: AADAC PROFILES

1.0 Alcohol Profiles

AUDIT

The initial drinker profile was created using the Alcohol Use Disorders Identification Test (AUDIT). This test was developed by the World Health Organization to give people an overall score between 0 and 40 based on their responses to 10 questions. These questions were scored as follows:

- Questions 1-8
 - Answer 1 = 0
 - Answer 2 = 1
 - Answer 3 = 2
 - Answer 4 = 3
 - Answer 5 = 4
- Questions 9-10
 - Answer 1 = 0
 - Answer 2 = 2
 - Answer 3 = 4

This overall score was then used to determine risk of drinking. Risk was rated according to the following scale:

- 0-7 = Low
- 8-15 = Medium
- 16-25 = High
- 26-40 = Very High

The AUDIT was only asked of those respondents who reported consuming a drink containing alcohol within the last 12 months. Those who did not were considered "Non-drinkers." Examples of the AUDIT questions can be found in Appendix A, Employer Survey questions C2a-C2j.

Drinker Profile Based on Frequency and Consumption

A second drinker profile based on frequency and volume of consumption was developed in order to enable a comparison with 1992 data. The scale was created by calculating the frequency of drinking (per week or per month) and the number of drinks consumed on a typical day to determine the average number of drinks per week. The same procedure was then duplicated with the 1992 data. Those respondents who reported "never" having a drink containing alcohol were considered to be "non-drinkers." The drinker profiles based on average number of drinks per week is detailed in the table below.

	Definition	QC1e - Drank within past 12 months	QC2a - Frequency of Drinking	QC2b - Number of drinks consumed on a typical day drinking	Average Frequency	Average Consumption Level per drinking session	Average per week
Non-Drinker	Has not drunk in past 12 months	C1e=2 (No)	C2a=1 (Never)		0	0	0
Infrequent Drinker	Drinks monthly or less with no episodes of heavy drinking (5 or more drinks on a single occasion)		C2a=2 (Monthly or less)	C2b=1 (1 or 2)	less than 1 or 1/month	1.5	< 1/week
				C2b=2 (3 or 4)		3.5	< 1/week
Occasional Drinker	Drinks 2 to 4 times a month and does not drink more than 4 drinks on a typical day drinking		C2a=3 (2 to 4/month)	C2b=1 (1 or 2)	3/month	1.5	approx. 1/week
				C2b=2 (3 or 4)		3.5	approx. 2.6/week
Regular Light Drinker	Drinks weekly and averages between 3 and 6 drinks a week		C2a=2 (Monthly or less)	C2b=3 (5 or 6)	less than 1 or 1/month	5.5	approx. 1/week
				C2b=4 (7 or 9)		7.5	approx. 2/week
				C2b=5 (10 or more)		10.5	approx. 2.5/week
			C2a=3 (2 to 4/month)	C2b=3 (5 or 6)	3/month	5.5	approx. 4.1/week
				C2b=4 (7 or 9)		7.5	approx. 5.6/week
				C2b=1 (1 or 2)	2.5/week	1.5	approx. 3.8/week
Regular Moderate to Heavy	Drinks weekly and averages between 7 and 13 drinks a week		C2a=3 (2 to 4/month)	C2b=5 (10 or more)	3/month	10.5	approx. 7.8/week
			C2a=4 (2 to 3/week)	C2b=2 (3 or 4)	2.5/week	3.5	approx. 8.7/week
			C2a=5 (4 or more times/week)	C2b=1 (1 or 2)	4.5/week	1.5	approx. 6.8/week
Very Heavy	Drinks weekly and drinks 14 or more drinks a week		C2a=4 (2 to 3/week)	C2b=3 (5 or 6)	2.5/week	5.5	approx. 13.8/week
				C2b=4 (7 or 9)		7.5	approx. 18.8/week
				C2b=5 (10 or more)		10.5	approx. 26.3/week
			C2a=5 (4 or more times/week)	C2b=2 (3 or 4)	4.5/week	3.5	approx. 16.8/week
				C2b=3 (5 or 6)		5.5	approx. 24.8/week
				C2b=4 (7 or 9)		7.5	approx. 33.8/week
				C2b=5 (10 or more)		10.5	approx. 47.3/week

2.0 Drug Profile

DAST

The Drug Abuse Screening Test (DAST-10) was designed to assess the degree of problems associated with drug abuse, which is defined as non-medicinal drug use and the use of prescription medications beyond the purposes for which they are prescribed. Respondents were asked 10 questions with a score of 1 awarded for each "Yes" response and 0 for "No." The final score was then categorized using the following scale:

- 0 No Problems Reported
- 1-2 Low Level
- 3-5 Moderate Level
- 6-10 Substantial Level

The DAST was only asked of those respondents who reported using drugs within the last 12 months. Those that did not were considered to be "non drug users." Examples of the DAST questions can be found in Appendix A, Employer Survey questions D5a-D5j.

3.0 Gambling Profiles

CPGI

The Canadian Problem Gambling Index (CPGI) was designed by the Canadian Centre on Substance Abuse to measure problem gambling within the population. The assessment is comprised of 9 questions which are scored in the following manner:

- Never = 0
- Sometimes = 1
- Most of the time = 2
- Almost Always = 3

The respondents' scores are then categorized using the following scale:

- 0 = Non-problem
- 1-2 = Low risk
- 3-7 = Moderate risk
- 8+ = Problem gambler

The CPGI was only asked of those respondents who reported engaging in activities considered to be gambling within the last 12 months. Those that did not were classified as "Non-gamblers." Examples of the CPGI questions can be found in Appendix A, Employer Survey questions E2a-E2i.

4.0 Smoker Profiles

Smoker profiles were developed using terminology provided by Health Canada. The profiles were created based on the frequency and volume of consumption of cigarettes smoked within the last month. The categories used were as follows:

- Non-daily smoker (occasional): reported smoking within the last month but did not report smoking any cigarettes daily.
- Light smoker: consumed between 1 and 10 cigarettes/day
- Moderate smoker: consumed between 11 and 19 cigarettes/day
- Heavy smoker: consumed 20 or more cigarettes/day

Those respondents who reported not consuming any cigarettes in the last month were considered to be "Non-smokers."

APPENDIX D: Estimated Hours Lost and Financial Costs Due to Substance Abuse and Gambling in the Alberta Workforce: 2002

BACKGROUND

In order to estimate the number of hours lost and financial cost due to alcohol, illicit drugs and gambling among workers in the Alberta workforce for 2002, survey estimates for employee missed time and lost productivity due to substance use/gambling were applied to known population (workforce) parameters. Detailed below are the calculations used to estimate hours lost and financial cost for alcohol use (Table D1), illicit drug use (Table D2) and gambling (Table D3). Table D4 provides the total estimated hours lost and financial cost due to substance use and gambling in the Alberta workforce for 2002.

D.1 Alcohol Use

Table D1-A provides the calculation for missed time costs (hours lost and financial cost) due to alcohol use. Of the 1890 employees surveyed, 77 (4.1%) reported that they did not attend work the next day due to alcohol use. In total, these 77 workers reported 154 days missed over the past year. Table D1-B details the calculation for lost productivity costs (hours lost and financial cost) due to alcohol use (assuming operating at 50% capacity each incident would be equivalent to one-half day lost productivity). A total of 120 workers noted that they operated at 50% or less capacity during the last year due to alcohol use, with 540 incidents recorded. Table D1-C shows the total hours lost and financial cost associated with alcohol use in the Alberta workforce for 2002.

TABLE D1-A
MISSED TIME COSTS DUE TO ALCOHOL USE

Number of workers in the survey reporting missing 1 or more days	77
Average number of days missed	2
Total number of days missed (for 77 workers)	154
Total estimated sample hours lost (based on 35.6 hours/week or 7.12 hours/day ¹)	1096.5
Total estimated sample hours worked (for all workers surveyed in alcohol module)	
1890 workers in survey x 35.6 hrs/wk x 52 wks/yr	3,498,768
Estimated ratio of lost time	
Total estimated sample hours lost / Estimated sample hours worked = 1096.5 / 3,498,768	.00031340
Total estimated population hours worked	
Hours/week x weeks/yr x employees in Alberta Labour Force = 35.6 hrs/wk x 52 x 1,673,800	3,098,538,560
1. Estimated Hours Lost (2002)	Hours Lost
Population hours worked x ratio of lost time = 3,098,538,560 x .00031340	971,082 hours
2. Estimated Financial Cost (2002)	Financial Cost
Ratio of lost time x Average weekly wage x AB employees x 52 wks/yr .00031340 x \$681.54 x 1,673,800 x 52	\$18,590,764

¹ Source: Labour Force Survey, Alberta Human Resources & Employment

TABLE D1-B
LOST PRODUCTIVITY COSTS DUE TO ALCOHOL

Number of workers in the survey reporting coming to work at 50% or less capacity	120
Average number of days missed	4.5
Total number of times (for 120 workers)	540
Total number of days (assume 50% for 120 workers)	270
Total estimated sample hours lost (based on 35.6 hours/week or 7.12 hours/day ²)	1922.4
Total estimated sample hours worked (for all workers surveyed in alcohol module) 1890 workers in survey x 35.6 hrs/wk x 52 wks/yr	3,498,768
Estimated ratio of lost time Total estimated sample hours lost / Estimated sample hours worked = 1922.4 / 3,498,768	.00054945
Total estimated population hours worked Hours/week x weeks/yr x employees in Alberta Labour Force = 35.6 hrs/wk x 52 x 1,673,800	3,098,538,560
1. Estimated Hours Lost (2002) Population hours worked x ratio of lost time = 3,098,538,560 x .00054945	Hours Lost 1,702,492 hours
2. Estimated Financial Cost (2002) Ratio of lost time x Average weekly wage x AB employees x 52 wks/yr .00054945 x \$681.54 x 1,673,800 x 52	Financial Cost \$32,593,157

TABLE D1-C
TOTAL HOURS LOST AND FINANCIAL COST DUE TO ALCOHOL USE IN THE ALBERTA WORKFORCE: 2002

	Hours Lost	Financial Cost
Missed Time	0.971 million hours	\$18.59 million
Lost Productivity	1.702 million hours	\$32.59 million
Total	2.673 million hours	\$51.18 million

² Source: Labour Force Survey, Alberta Human Resources & Employment

D.2 Illicit Drug Use

Table D2-A provides the calculation for missed time costs (hours lost and financial cost) due to illicit drug use. Of the 1891 employees surveyed, 8 (0.004%) reported that they did not attend work the next day due to illicit drug use. In total, these 8 workers reported 18 days missed over the past year. Table D2-B details the calculation for lost productivity costs (hours lost and financial cost) due to illicit drug use (assuming operating at 50% capacity each incident would be equivalent to one-half day lost productivity). A total of 12 workers noted that they operated at 50% or less capacity during the last year due to illicit drug use use, with 218 incidents recorded. Table D2-C shows the total estimated missed time and lost productivity costs associated with illicit drug use.

TABLE D2-A
MISSED TIME COSTS DUE TO ILLICIT DRUGS

Number of workers in the survey reporting missing 1 or more days	8
Average number of days missed	2.57
Total number of days missed (for 8 workers)	20.6
Total estimated sample hours lost (based on 35.6 hours/week or 7.12 hours/day ³)	146.67
Total estimated sample hours worked (for all workers surveyed in alcohol module) 1891 workers in survey x 35.6 hrs/wk x 52 wks/yr	3,500,619
Estimated ratio of lost time Total estimated sample hours lost / Estimated sample hours worked = 146.67 / 3,500,619	.0000419
Total estimated population hours worked Hours/week x weeks/yr x employees in Alberta Labour Force = 35.6 hrs/wk x 52 x 1,673,800	3,098,538,560
1. Estimated Hours Lost (2002) Population hours worked x ratio of lost time = 3,098,538,560 x .0000419	Hours Lost 129,829 hours
2. Estimated Financial Cost (2002) Ratio of lost time x Average weekly wage x AB employees x 52 wks/yr .0000419 x \$681.54 x 1,673,800 x 52	Financial Cost \$2,485,492

³ Source: Labour Force Survey, Alberta Human Resources & Employment

TABLE D2-B
LOST PRODUCTIVITY COSTS DUE TO ILLICIT DRUGS

Number of workers in the survey reporting coming to work at 50% or less capacity	12
Average number of times per worker	18.2
Total number of times (for 12 workers)	218
Total number of days (assume 50% for 12 workers)	109
Total estimated sample hours lost (based on 35.6 hours/week or 7.12 hours/day ⁴)	776.1
Total estimated sample hours worked (for all workers surveyed in alcohol module)	
1891 workers in survey x 35.6 hrs/wk x 52 wks/yr	3,500,619
Estimated ratio of lost time	
Total estimated sample hours lost / Estimated sample hours worked = 776.1 / 3,500,619	.0002217
Total estimated population hours worked	
Hours/week x weeks/yr x employees in Alberta Labour Force = 35.6 hrs/wk x 52 x 1,673,800	3,098,538,560
1. Estimated Hours Lost (2002) Population hours worked x ratio of lost time = 3,098,538,560 x .0002217	Hours Lost 686,946 hours
2. Estimated Financial Cost (2002) Ratio of lost time x Average weekly wage x AB employees x 52 wks/yr .0002217 x \$681.54 x 1,673,800 x 52	Financial Cost \$13,151,157

TABLE D2-C
TOTAL ESTIMATED HOURS LOST AND FINANCIAL COST DUE TO ILLICIT DRUG USE

	Lost Hours	Financial Cost
Missed time	.130 million hours	\$2.49 million
Lost productivity	.687 million hours	\$13.15 million
Total	.817 million hours	\$15.64 million

⁴ Source: Labour Force Survey, Alberta Human Resources & Employment

D.3 Gambling

Table D3-A provides the calculation for missed time costs (hours lost and financial cost) due to gambling. Of the 1891 employees surveyed, 1 (0.0005%) reported that they did not attend work the next day due to gambling. In total, this worker reported 2 days missed over the past year. Table D3-B details the calculation for lost productivity costs (hours lost and financial cost) due to gambling (assuming operating at 50% capacity each incident would be equivalent to one-half day lost productivity). A total of 3 workers noted that they operated at 50% or less capacity during the last year due to illicit drug use, with 116 incidents recorded. Table D3-C shows the total estimated missed time and lost productivity costs associated with gambling.

TABLE D3-A
MISSSED TIME COSTS DUE TO GAMBLING

Number of workers in the survey reporting missing 1 or more days	1
Average number of days missed	2
Total number of days missed (for 1 worker)	2
Total estimated sample hours lost (based on 35.6 hours/week or 7.12 hours/day5)	14.24
Total estimated sample hours worked (for all workers surveyed in alcohol module)	
1891 workers in survey x 35.6 hrs/wk x 52 wks/yr	3,500,619
Estimated ratio of lost time	
Total estimated sample hours lost / Estimated sample hours worked = 14.24 / 3,500,619	.00000407
Total estimated population hours worked	
Hours/week x weeks/yr x employees in Alberta Labour Force = 35.6 hrs/wk x 52 x 1,673,800	3,098,538,560
2. Estimated Hours Lost (2002)	Hours Lost
Population hours worked x ratio of lost time = 3,098,538,560 x .00000407	12,611 hours
2. Estimated Financial Cost (2002)	Financial Cost
Ratio of lost time x Average weekly wage x AB employees x 52 wks/yr .00000407 x \$681.54 x 1,673,800 x 52	\$241,431

⁵ Source: Labour Force Survey, Alberta Human Resources & Employment

**TABLE D3-B
LOST PRODUCTIVITY COSTS DUE TO GAMBLING**

Number of workers in the survey reporting coming to work at 50% or less capacity	3
Average number of times per worker	38.7
Total number of times (for 3 workers)	116
Total number of days (assume 50% for 3 workers)	58
Total estimated sample hours lost (based on 35.6 hours/week or 7.12 hours/day ⁶)	412.96
Total estimated sample hours worked (for all workers surveyed in alcohol module) 1891 workers in survey x 35.6 hrs/wk x 52 wks/yr	3,500,619
Estimated ratio of lost time Total estimated sample hours lost / Estimated sample hours worked = 412.96 / 3,500,619	.000118
Total estimated population hours worked Hours/week x weeks/yr x employees in Alberta Labour Force = 35.6 hrs/wk x 52 x 1,673,800	3,098,538,560
2. Estimated Hours Lost (2002) Population hours worked x ratio of lost time = 3,098,538,560 x .000118	Hours Lost 365,628 hours
2. Estimated Financial Cost (2002) Ratio of lost time x Average weekly wage x AB employees x 52 wks/yr .000118 x \$681.54 x 1,673,800 x 52	Financial Cost \$6,999,713

**TABLE D3-C
TOTAL ESTIMATED HOURS LOST AND FINANCIAL COST DUE TO GAMBLING**

	Hours Lost	Financial Cost
Missed time	.012 million hours	\$0.24 million
Lost productivity	.365 million hours	\$7.00 million
Total	.377 million hours	\$7.24 million

⁶ Source: Labour Force Survey, Alberta Human Resources & Employment

D.4 Total Hours Lost and Financial Cost

TABLE D4
TOTAL ESTIMATED HOURS LOST AND FINANCIAL COST
DUE TO SUBSTANCE USE AND GAMBLING IN ALBERTA WORKFORCE 2002

	Due to missed time		Due to lost productivity		Total	
	Hours Lost (millions)	Financial Cost (\$ millions)	Hours Lost (millions)	Financial Cost (\$ millions)	Hours Lost (millions)	Financial Cost (\$ millions)
Alcohol Use	.971	\$18.59	1.702	\$32.59	2.673	\$51.18
Illicit Drug Use	.130	\$2.49	.687	\$13.15	.817	\$15.64
Gambling	.012	\$0.24	.365	\$7.00	.377	\$7.24
Total	1.113	\$21.32	2.754	\$52.74	3.867	\$74.06

Note: These costs do not include health care costs, costs due to accidents, and/or costs associated with lost production or lost sales.

APPENDIX E: LITERATURE REVIEW ABSTRACTS

SUBSTANCE USE IN THE WORKFORCE LITERATURE REVIEW (ARTICLES SINCE 1990)

Comprehensive Reviews

- Bush, Donna M.; Autry III, Joseph H. (2001). Substance abuse in the workplace: epidemiology, effects, and industry response *Occupational Medicine: State of the Art Reviews*, 17(1), 13-25.

Abstract:

This extensively researched article (44 references) summarizes the results of the most recent major epidemiological surveys aimed at monitoring drug abuse trends in the United States. These include the National Household Survey on Drug Abuse, the basic instrument by which the Substance Abuse and Mental Health Services Administration (SAMHSA) assesses the nature and extent of drug abuse in the general population (70 000 individuals sampled); the National High School Senior Survey, or Monitoring the Future Survey, the tool developed by the National Institute on Drug Abuse (NIDA) to assess attitudes toward and use of drugs and alcohol by approximately 16 000 high school seniors from private and public schools nationwide; the Drug Abuse Warning Network (DAWN), a SAMHSA information system that collects data from a sample of more than 700 hospitals and 85 medical examiners in 26 major metropolitan areas; and the Drug Abuse Services Information System (DASIS), which provides SAMHSA with a nationwide census of public and private alcohol and drug prevention and treatment programs. The authors trace the history of the response to the problem, beginning with the 1986 Executive Order 12564 that resulted in the Federal Drug-Free Workplace Program – a comprehensive program for federal employees and a model for the private sector. The major components of the program are: a clearly articulated written policy; an employee assistance program (EAP); supervisor training to recognize problems; employee education; and provisions to identify illegal drug abusers, including drug testing. In 1987, Public Law 100-71 resulted in the establishment of the "Mandatory Guidelines for Federal Workplace Drug Testing Programs," which became the "gold standard" of drug testing and laboratory procedures. In 1989, the U.S. Department of Transportation (DOT) published its first regulations requiring transportation modes under its jurisdiction to follow drug-testing procedures as prescribed in the Mandatory Guidelines. The "Omnibus Transportation Employee Testing Act of 1991" required drug and alcohol (effective 1994) testing of safety-sensitive employees in the transportation sector. In 1996, Drug-Free Workplace was extended to Canadian and Mexican drivers on U.S. highways under the North American Free Trade Agreement. In 1989, the Nuclear Regulatory Commission (NRC) published regulations requiring "fitness for duty" programs in nuclear power reactors. And, reducing drugs in the workplace continues to be one of four key demand reduction components in the National Drug Control Strategies of the last 7 years. The authors then review industry response to the increasing demand for a drug-free workplace; evidence of the effectiveness of the response; and evidence of the effectiveness of treatment. Both the National Household Survey on Drug Abuse (1999) and the Monitoring the Future Survey (1999) showed significant declines in illicit drug use compared with data from 1979. Nevertheless, 6.9% of the employed population reported current use of illicit drugs (mainly marijuana) and 7% could be classified as heavy drinkers. Employees who reported not currently using illicit drugs were more likely to have a workplace drug and alcohol program in place. Employees who reported using illicit drugs were 50% less likely to work for employers who tested on "reasonable suspicion," and 25% less likely to work for employers who tested at hiring or randomly. In 1997, workplace drug-testing programs were more common in large businesses (73.6%) than in

medium-sized (57.7%) or small businesses (27.5%). The author concludes that although the situation has improved, there is no room for complacency. The workplace remains ideal setting for instilling negative attitudes towards illicit drugs, and for early detection and intervention. It is also likely that attitudes engendered in the workplace will be carried back to the home and into the community.

Availability: Reprint requests to: Donna M. Bush, PhD, D-ABFT, Center for Substance Abuse Prevention, Substance Abuse and Mental Health

Services Administration, 5600 Fishers Lane, Rockwall II, Suite 815, Rockville, MD 20857

- Normand, Jacques; Lempert, Richard O.; O'Brien, Charles P. (1994). Under the influence? Drugs and the American Work Force Washington: National Academy Press, 321 p.

Abstract:

This report is concerned with the implications of drug use for workplace safety and productivity. It examines the prevalence of alcohol and other drug use by the United States work force, the impact of such use on job-related behaviour, and the effectiveness of workplace drug intervention programs. Detailed conclusions and recommendations are included, covering such topics as the scope of alcohol and other drug use, effects of use, effectiveness of workplace interventions, and methodological issues.

Prevalence and patterns of substance use and substance abuse in the workforce and at the workplace

- Chong, J., Ingram, M., McClelland, D. J., Lopez, D. C. W., & De Zapien, J. G. (1999). Smoking behavior in a smoking workplace. *Journal of Substance Abuse*, 11(3), 231-240.

Examined whether smoking increases as a function of working in a smoking environment. Casino employees were targeted to complete a survey designed to assess smoking behavior. The survey contained standardized questions consistent with other major surveys on tobacco use to ensure comparability with state and national trends. Out of 755 surveys distributed, 587 completed surveys were returned, resulting in a response rate of 77%. A test of proportions showed that the proportion of smokers had not changed significantly as a result of working in a smoking environment although the amount of smoking decreased significantly. The change in the amount of smoking was assessed using difference scores. Males and females did not differ in the rate in which their smoking changed. A significant correlation between age and the change score suggested that younger smokers were more likely to increase their intake whereas the older smoking employees were more likely to decrease their consumption by the time of the survey. Implications for smoking aversion research are discussed.

- Crow, S. M., & Hartman, S. J. (1992). Drugs in the Workplace: Overstating the Problems and the Cures. *Journal of Drug Issues*, 22(4), 923-937.

Secondary research & statistical data offer evidence to challenge the contention that the US workforce's productivity has been adversely affected by alcohol & drugs. Reasons why there is a widespread perception that drugs are a significant problem in the workplace are reviewed.

Implications for managers & human resource professionals are discussed. 37 References. Adapted from the source document

- Department of Health and Human Services, Substance Abuse and a Mental Health Services Administration (2000). Drug and alcohol abuse treatment and workplace programs. In: National Household Survey on Drug Abuse: Main findings 1998, Rockville, MD: Substance Abuse and Mental Health Services Administration, 2000. 194 pp. (159-167)

This report presents results from the 1998 National Household Survey on Drug Abuse (NHSDA). In this chapter, the following topics are presented in table form: (1) prevalence of drug and alcohol abuse treatment; (2) prevalence of treatment, by frequency of use; (3) perceived need for alcohol or drug treatment; and (4) prevalence of workplace drug and alcohol programs and policies. In 1998, the number of individuals receiving treatment for alcohol or drug abuse was smaller than the number who reported problems resulting from their use of substances.

Although an estimated 10.8 million people in the U.S. noninstitutionalized population aged 12 or older reported three or more problems related to alcohol use in the past year, only about 2.1 million reported receiving treatment for that use. Similarly, 1.5 percent and 0.3 percent of the population reported three or more problems resulting from marijuana and cocaine use, respectively, while only 0.7 percent of the population reported receiving treatment for illicit drug use. Young adults aged 18 to 25 were more likely than other age groups to have received treatment in the past year. The 1998 data show that past month use of illicit drugs was lower in larger establishments while access to drug and alcohol resources in the workplace tended to be higher. Workplace policies may be having a positive effect on preventing or reducing substance use. Alternatively, larger establishments may have more stringent hiring procedures that screen out potential alcohol and drug abusers.

- French, M. T., Zarkin, G. A., Hartwell, T. D., & Bray, J. W. (1995). Prevalence and consequences of smoking, alcohol use, and illicit drug use at five worksites. *Public Health Reports*, 110(5), 593-599.

Employers are becoming increasingly concerned about the consequences and costs of substance use in their workplaces. Despite this heightened awareness, little information is available to guide them in setting up worksite-based prevention and assistance programs. Most estimates of the prevalence or consequences of substance use are derived from large national surveys of households or individual persons. The primary contribution of this research to the public health literature is the empirical results from a unique data set. In particular, this study presents results of a survey administered to more than 1,200 employees at five different worksites. Descriptive statistics for the prevalence of smoking, alcohol and illicit drug use, prescription drug misuse, and workplace consequences, such as reduced performance and absenteeism, are reported, as well as findings from a multivariate analysis of substance use prevalence and consequences. Compared with national averages, workers at these five sites tended to have substance use profiles similar to or slightly lower than estimates from large national surveys. The study's estimates may help employers identify the extent of a substance abuse problem in their worksites and specific areas to target for possible intervention.

- Harris, M. M., & Heft, L. L. (1992). Alcohol and Drug Use in the Workplace: Issues, Controversies, and Directions for Future Research. *Journal of Management*, 18(2), 239-266.

Extant research on drug & alcohol use in the workplace is reviewed, highlighting controversial issues, & providing suggestions for future studies. Discussion includes the relationship between work conditions & substance use, drug testing, Employee Assistance Programs, & legal issues.

- Martin, J. K., Kraft, J. M., & Roman, P. M. (1994). Extent and impact of alcohol and drug use problems in the workplace: A review of the empirical evidence. In S. Macdonald & P. M. Roman (Eds.), *Research advances in alcohol and drug problems: Drug testing in the workplace* (pp. 3-31). Vol. 11. New York: Plenum Press.

(From the chapter) focus is on contemporary empirical evidence / discuss a number of studies that focus on four commonly identified work-related consequences of employee substance abuse: absenteeism, accidents, lowered job performance, and turnover / [review] published reports of US workers and . . . Canadian studies that examine substance use patterns across and within occupations / examine recent evidence of the prevalence of workers' use of alcohol and other drugs in the US labor force . . . from several US national surveys (PsycINFO Database Record (c) 2002 APA, all rights reserved)

- Moore, R. S., Light, J. M., Ames, G. M., & Saltz, R. F. (2001). General and Job-Related Alcohol Use and Correlates in a Municipal Workforce. *American Journal of Drug and Alcohol Abuse*, 27(3), 543-560.

We examined the prevalence & correlates of both general & workplace-related drinking measures using data from a telephone survey of 673 workers in a large municipal bureaucracy, & tested the hypothesis that observed differences across job categories can be explained by compositional difference in terms of demographic variables known to be related to drinking behavior. Results suggest such factors account for much of the variation in general drinking measures (prior-28-day quantity, CAGE score, indicating risk for dependence), but that significant variation in a workplace-related drinking measure (times ever drank before, during, or just after work) remains even after such factors are controlled. Implications of these findings for existing theories of workplace effects on drinking are discussed, along with a consideration of appropriate levels of analysis for future studies.

- Newcomb, M. D. (1994). Prevalence of Alcohol and Other Drug Use on the Job: Cause for Concern or Irrational Hysteria? *Journal of Drug Issues*, 24(3), 403-416.

Prevalence data for drug use on the job are found in 3 sources: perceptions of supervisors & employers; reports of such behavior from those in treatment for drug abuse; & general community or workforce surveys. The first 2 sources confirm the hysteria that drug abuse on the job is rampant & out of control. However, these estimates are biased & untrustworthy. In general population surveys, a wide range of estimates are found, although most report the prevalence of drug use on the job at 10% or less; being high on the job occurs more often, but regular use of drugs in the workplace is quite rare. It is concluded that the general hysteria regarding the presumed pervasive abuse of drugs on the job is unfounded.

- Schefstad, A. J., & Tiegel, S. A. (1997). An invisible population and its visible problem: Alcohol and substance abuse among horsecare workers. *Alcoholism Treatment Quarterly*, 15(4), 1-16.

Describes an initial effort to evaluate alcohol and drug use among resident racetrack horsecare workers. Fifty-nine male resident grooms and hotwalkers (mean age 40 yrs) living in backstretch dormitories were interviewed using the Addiction Severity Index (ASI). Each problem domain of the ASI is presented and discussed. Horsecare workers in this study had limited transferable skills, significant alcohol and drug use history, numerous arrests, and mental health problems that would

suggest them to be marginal in the work force. The need for on-site outpatient treatment services with this population is discussed.

- Shain, M. (1990). Worksite Community Processes and the Prevention of Alcohol Abuse: Theory to Action. Contemporary Drug Problems, 17(3), 369-389.

Survey data collected from employees (N not provided) at two large Canadian organizations are drawn on to assess efforts to prevent alcohol abuse in the workplace, particularly by local groups seeking assistance from the Addiction Research Foundation & from Health & Welfare Canada in developing a management strategy for alcohol problems in their organizations. Findings illuminate relationships among the major influences on wellness, & provide a specific picture of the role of alcohol in the context of wellness. Analysis demonstrates that both the employee & the employer must deal with concerns about heavy drinking, & provides insight regarding ways to approach the heavy user through various health programs. Findings furnish a compelling rationale for a comprehensive assault on the problem of alcohol abuse at both environmental & individual levels. 1 Table, 1 Figure, 31 References. S. Millett

- Zhang, Zhiwei; Huang, Lynn X.; Brittingham, Angela M. (1999). Worker drug use and workplace policies and programs: results from the 1994 and 1997 NHSDA Rockville, MD: U.S. Department of Health and Human Services, 1999

Abstract:

The survey provides estimates of the prevalence of use of a variety of illicit drugs, alcohol, and tobacco, based on a nationally representative sample of the civilian noninstitutionalized population age 12 years and older. This report examines data from 7,055 NHSDA respondents in 1994 and 7,957 respondents in 1997, who reported that they were working full-time at the time of the interview.

Availability: Contact NCADI, 1-800-729-6686 or (301) 468-2600 <http://www.health.org>.

Factors related to substance use and substance abuse in the workforce and at the workplace

- Ames, G.M.; Grube, J.W. (1999). Alcohol availability and workplace drinking: Mixed method analyses. Journal of Studies on Alcohol, 60(3):383-393.

This article investigates the relationship between subjective social and physical availability of alcohol at work and work-related drinking. The authors integrated survey and ethnographic methods to determine if and why availability of alcohol predicted work-related drinking in a manufacturing plant with approximately 6,000 employees. Survey data were obtained from in-home interviews with 984 randomly selected workers. Ethnographic data were obtained from three years of periodic onsite observations and semistructured interviews with key informants to investigate factors underlying alcohol availability and drinking at work. Structural equations modeling of the survey data revealed that subjective social availability of alcohol at work, and particularly perceived drinking by friends and coworkers, was the strongest predictor of work-related drinking. Typical frequency and quantity of alcohol consumption and heavy drinking were predictive also. Subjective physical availability of alcohol was not significantly related to drinking at or before work. Findings from the ethnographic analyses explained survey findings and described characteristics of the work culture that served to encourage and support alcohol availability and drinking. The results are the first to show relationships between alcohol availability and drinking at work, to explain dynamics of that

relationship, and to demonstrate the potential risks of using only quantitative or only qualitative findings as the basis for prevention.

- Center for Substance Abuse Prevention. Workplace Resource Center. <http://workplace.samhsa.gov/index.html>
- Castellani, B., Wootton, E., Rugle, L., Wedgeworth, R., et al. (1996). Homelessness, negative affect, and coping among Veterans with gambling problems who misused substances. Psychiatric Services, 47(3), 298-299.

Investigated the negative affect and coping skills in formerly homeless, substance-misusing veterans with a gambling problem. 154 homeless US military veterans were assessed 6 mo after discharge from a comprehensive treatment program for substance abuse, on 4 measures: Employment, housing, negative affect, and coping. Ss with a gambling problem had significantly higher levels of negative affect and poorer coping, but did not differ from the other veterans in housing and employment stability. Results provide support for screening formerly homeless substance abusers for gambling problems. To counteract posttreatment recidivism, treatment plans for individuals with such problems must be designed to address coping difficulties and negative affect early in the treatment process.

- Garcia, F. E. (1996). The determinants of substance abuse in the workplace. Social Science Journal, 33(1), 55-68.

Investigated the determinants of substance abuse in the workplace, based on data from a sample of workplace drug use of 5,649 persons and a sample of workplace alcohol use of 5,774 age-matched persons drawn from the National Longitudinal Survey of the Work Experience of Youth Survey. Factors that increase the cost of dismissal lower the probability of employee misconduct; in particular, Ss were less likely to use drugs on the job when their industry paid a wage premium. Ss in high unemployment areas were also less likely to use drugs or alcohol at work. Ss under age 21 yrs and college-educated Ss were less likely to consume alcohol on the job; males and Ss who had never been married were more likely to consume alcohol at work.

- Gershon, R. R. M., Lin, S., & Li, X. B. (2002). Work stress in aging police officers. Journal of Occupational and Environmental Medicine, 44(2), 160-167.

Data are sparse regarding the impact of psychosocial work stress on the health and well-being of aging workers, even for employees working in high-stress occupations, such as law enforcement. To improve our understanding of this issue in older workers, we assessed and characterized work stress, coping strategies, and stress-related health outcomes in a sample of police officers aged 50 years and older (n = 105). The most important risk factors associated with officers' perceived work stress were maladaptive coping behaviors (eg, excessive drinking or problem gambling) (odds ratio [OR], 4.95; 95 % confidence interval [CI], 2.11 to 11.6) and exposure to critical incidents (eg, shootings) (OR, 3.84; 95 % CI, 1.71 to 8.65). In turn, perceived work stress was significantly associated with anxiety (OR 6.84; 95 % CI, 2.81 to 16.65), depression (OR, 9.27; 95 % CI, 3.81 to 22.54), somatization (OR, 5.74; 95 % CI, 2.47 to 13.33), post-traumatic stress symptoms (OR, 2.89; 95 % CI, 1.29 to 6.47), symptoms of "burnout" (OR, 5.93; 95 % CI, 2.54 to 13.86), chronic back pain (OR, = 3.55; 95 % CI, 1.57 to 8.06), alcohol abuse (OR, 3.24; 95 % CI, 1.45 to 7.22), and inappropriately aggressive behavior (OR, 4.00; 95 % CI, 1.34 to 11.88). These data suggest that older workers in high-stress jobs may be at increased risk for work stress-related health problems, especially if they rely on risky health behaviors to cope with stress. Given the size of the rapidly aging US workforce and the

likelihood that many are employed in high-stress jobs, interventions are urgently needed to address this emerging public health issue.

- Grunberg, Leon; Moore, Sarah; Greenberg, Edward S. (1998). Work stress and problem alcohol behavior: A test of the spillover model. *Journal of Organizational Behavior*. Vol 19(5), 487-502.

Although previous research has found weak support for the model of stressful work "spilling over" to negative coping responses during nonwork hours, we argue that a variety of conceptual and methodological problems may partially explain the weak and inconsistent findings. Two important shortcomings are inadequately specified models and a failure to consider nonescapist responses to job-related stress. We therefore propose that there may be escapist (i.e., increased drinking, working through job dissatisfaction for those who believe that alcohol consumption is an effective means to reduce stress) and nonescapist (i.e., decreased drinking for those who are dissatisfied with their jobs but do not believe alcohol is an effective coping strategy) responses to work stress. These hypotheses were tested on a sample of 972 production workers in the Pacific northwest. Results show moderate support for the existence of both escapist and nonescapist responses to job-related stresses.

- Hermansson, U.; Helander, A.; Huss, A.; Brandt, L.; Ronnberg, S. (2000). Alcohol Use Disorders Identification Test (AUDIT) and carbohydrate-deficient transferrin (CDT) in a routine workplace health examination. *Alcoholism: Clinical and Experimental Research*, 24(2):180-187.

Only a few studies on workplaces have examined the Alcohol Use Disorders Identification Test (AUDIT) or carbohydrate-deficient transferrin (CDT) as screening instruments for the early identification of elevated and risky levels of alcohol consumption. The purpose of this study was to compare the performances of AUDIT, CDT, and gamma-glutamyltransferase (GGT) in a routine health examination (alcohol screening) in the workplace. The study, carried out over 16 months in a large workplace in the transport sector, was part of an ongoing controlled study. Employees who came to the company health service for a routine health examination were offered the opportunity to undergo an alcohol screening and check their alcohol habits. Of the 570 subjects who participated, 105 (18.4 percent) screened positive according to AUDIT, CDT, or both. Only 7.6 percent of the persons who screened positive did so according to both instruments. If GGT had been included as a screening instrument, the proportion of positive results would have increased to 22.0 percent. If the AUDIT only had been used in the screening process, the proportion of positives would have fallen by nearly half. The present findings suggest that AUDIT and CDT are complementary instruments for alcohol screening in a routine workplace health examination and each has value for identifying a different segment of the risky drinking population.

- Institute of Behavioral Research, Texas Christian University. Drugs in the Workplace Publications. <http://www.ibr.tcu.edu/pubs/rechpubs/wkpl-yr.html>
- Lehman, W.E.K.; Bennett, J.B. (2002). Job risk and employee substance use: The influence of personal background and work environment factors. *American Journal of Drug and Alcohol Abuse*, 28(2):263-286, 2002. (164121)

Previous studies have noted that employees who work in jobs with physical risk report more substance use than employees working in nonrisky jobs. This study examined the extent to which this relationship could be explained by personal background, specifically general deviance or psychosocial functioning, or work characteristics, including job stressors, organizational bonding, or work group drinking climate. Results from two work sites (Ns = 943, 923) indicated that the

relationship of job risk and alcohol problems could be fully explained by personal characteristics, particularly deviant behavior styles. Interaction effects were also found. Employees with more deviance indicators were particularly susceptible to recent drug use and problem drinking when they worked in drinking climates or exposed to coworker drinking. These results suggest the joint influence of personal and job factors and support prevention programs that target the workplace social environment.

- Kopstein, A., & Gfroerer, J. (1991). Drug use patterns and demographics of employed drug users: Data from the 1988 National Household Survey on Drug Abuse. In S. W. Gust, J. M. Walsh et al. (Eds.), Drugs in the workplace: Research and evaluation data. (pp. 3-31). Rockville, MD: U.S. Dept. of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Drug Abuse.

(From the chapter) to meet the goals of prevention, demand reduction and treatment, it is crucial to know the sociodemographic characteristics of employees who are at increased risk to abuse drugs or alcohol in order to direct resources within the workforce / this paper will provide prevalence estimates for drug use among the workforce and some of the sociodemographic factors associated with working drug users /// sex differentials for drug use by employment status / drug use among full time employed 18 to 34 year olds [sex differentials and substance abuse, race/ethnicity and substance abuse, personal income and substance abuse, substance use in specific industries] (from the book) report data from NIDA's [National Institute on Drug Abuse] 1988 National Household Survey on Drug Abuse (NHSDA) / these data are important in helping to assess the extent of use in the Nation and, in focusing prevention efforts toward appropriate high-risk groups.

- Moore, S.; Grunberg, L.; Greenberg, E. (2000). Relationships between alcohol problems and well-being, work attitudes, and performance: Are they monotonic? *Journal of Substance Abuse*, 11(2):183-204.

Investigators who have examined the relationship between work characteristics and off-the-job alcohol consumption or problems have typically assumed a linear or monotonic relationship (e.g., as work pressures increase, so do alcohol consumption and problems). This study examined the monotonicity assumption by investigating the nature of the relationships between alcohol problems and multiple demographic, work attitude, well being, and work performance variables. Survey data and data from company records were collected from a large sample of blue-and white-collar employees (N = 2,279). Participation was voluntary, confidential, and compensated with a \$20 payment. Evidence for several different types of statistical relationships between alcohol problems and other variables were found through both analyses of variance and covariance. There were several variables that were linearly related to alcohol problems. There was also some support for a "threshold" effect where only the most problematic drinkers (2,600 of sample) showed declines on job attitude and general well-being indices. In some cases, those who drank but report no alcohol problems showed significantly more positive job and life attitudes than either those who abstained or those who had relatively more alcohol problems. The authors conclude that strict linearly based relationships might not necessarily explain the work-to-drink relationship most effectively.

- Newcomb, M. D. (1994). Predictors of drug use and implications for the workplace. In S. Macdonald & P. M. Roman (Eds.), Research advances in alcohol and drug problems: Drug testing in the workplace (pp. 33-56). Vol. 11. New York: Plenum Press.

(From the chapter) [examines predictors and] consequences associated with drug use on the job / [considers] drug involvement as multiply determined and generated by many factors /// etiology of drug use / prevalence of drug use on the job / context and drug use on the job / polydrug use / stage theory of drug abuse / relationship between drug use on and off the job / general deviance and drug use on the job

Impact and costs of substance use and substance abuse in the workforce and at the workplace

- Bennett, J.B.; Lehman, W.E.K. (1999). Employee exposure to coworker substance use and negative consequences: Moderating effects of work group membership. *Journal of Health and Social Behavior*, 40(3):307-322.

This study examined the effect of membership in a work group on the relationship between a worker's exposure to substance use by coworkers and any negative consequences to the worker. Specifically, the effects looked for were whether membership in a work group was associated with negative consequences, and whether the characteristics of the group affected the relationship between consequences and the exposure. Subjects were municipal employees from two cities 650 subjects in 50 work groups and 878 subjects in 49 work groups) in the southwestern United States (not including uniformed police and fire officers). The work groups were characterized by the occupational factors of safety risk or high mobility and by the social factors of drinking climate and group cohesion. Results were analyzed by hierarchical linear modeling. The groups with higher proportions of jobs involving risk were most vulnerable to negative consequences when exposed to substance use by coworkers. Groups with higher levels of drinking climate were also vulnerable. These results show that substance use in the workplace does have a cost for workers who are not users. The researchers discuss the implications of these findings for theory and policy.

- MacDonald, Z.; Shields, M.A. (2001). Impact of alcohol consumption on occupational attainment in England. *Economica*, 68:427-453.

Using data from the Health Survey for England, this study examined the impact of alcohol consumption on occupational attainment (defined as the mean hourly wage for each occupation). The relationship between past and present alcohol consumption and labor market outcomes were examined for a large random sample of English employees. Single-equation ordinary least squares (OLS) estimates of the impact of drinking on occupational attainment are presented. Results indicate a positive association between alcohol consumption and mean occupational wages that appear to have an inverted-U shape form. However, the principle aim of this paper was to control for the endogeneity of alcohol consumption in the mean wage regressions using instrumental variables (IV). It was shown that OLS estimates tend to lead to biased estimates of the impact of drinking on occupational attainment. Whereas OLS estimates suggest a positive return to drinking across a wide range of consumption, the IV estimates, although initially higher, are positive over a much narrower range. Indeed, the IV estimates suggest that the returns to drinking have a negative impact on attainment at around the point where the OLS estimates suggest the highest positive return. The optimal consumption rates suggested by the IV estimates are approximately consistent with the drinking targets proposed by the British government. These findings suggest that the optimal level of alcohol consumption, in terms of occupational attainment, appear to coincide with the suggested drinking limits for the maintenance of good health.

- McFarlin, S.K.; Fals-Stewart, W.; Major, D.A.; Justice, E.M. (2001). Alcohol use and workplace aggression: An examination of perpetration and victimization. *Journal of Substance Abuse*, 13(3):303-321.

The purpose of the present investigation was to examine the relationship between victimization from and perpetration of workplace aggression between coworkers and frequency of alcohol use during the last year. Civilian employees (N = 300) selected from the U.S. population were interviewed over the telephone with psychometrically sound measures of workplace aggression and alcohol use frequency during the last year. Hierarchical regression analyses were used to examine the relationship between alcohol use and workplace aggression, after controlling for sociodemographic variables. Both percentage of days of any drinking and percentage of days of heavy drinking during the last year were positively related to (a) victimization from verbal and physical aggression at work and (b) perpetration of verbal and physical aggression at work. Consistent with research studies spanning the sociobehavioral literature, the present investigation found alcohol use was associated with perpetration of and victimization from verbal and physical workplace aggression. Although the study established an association exists between alcohol use and workplace aggression, future investigations should attempt to understand employee alcohol use in the context of a multifaceted model that includes other likely factors that contribute to the incidence of aggressive behavior on the job.

- McFarlin, S.K.; Fals-Stewart, W. (2002). Workplace absenteeism and alcohol use: A sequential analysis. *Psychology of Addictive Behaviors*, 16(1):17-21.

This investigation examined the day-to-day relationship between alcohol use and workplace absenteeism among a sample of participants (N = 280) employed in 1 of 3 large companies located in the northeastern U.S. With a semistructured interview, information was collected from employees about specific days of drinking during a 1-month period and marked on a calendar. Data about employees' absences during the same target time period were collected from the companies' human resource departments and were also marked on a calendar. A significant relationship was found between alcohol use and workplace absences; workers were roughly 2 times more likely to be absent from work the day after alcohol was consumed.

- Harris, Michael M; Greising, Leslie A. (1998). Alcohol and drug abuse as dysfunctional workplace behaviors. in Griffin, Ricky W. (Ed); O'Leary-Kelly, Anne (Ed); et al. (1998). *Dysfunctional behavior in organizations: Violent and deviant behavior. Monographs in organizational behavior and industrial relations*, Vol. 23, Parts A & B. (pp. 21-48). Stamford, CT, US: JAI Press, Inc. xxiii, 288pp.

Abstract (from the chapter) This paper reviews drug and alcohol use as dysfunctional workplace behavior. The authors first summarize the results of a recent survey of organizational practices regarding drug and alcohol, followed by an overview of prior research on this topic. The authors then describe two recent studies that examined the effect of drug and alcohol use on employee wages and reported that individuals who are more likely to use these substances also tend to earn higher wages. Possible explanations for these counterintuitive results are offered, and suggestions for future research are provided. Finally, based on Image Theory, the authors offer a new theoretical model for understanding an individual's decision to seek help from an Employee Assistance Program (EAP). The need to understand various contextual factors, such as the workgroup's norms, is emphasized.

- Harwood, H.J.; Reichman, M.B. (2000). The cost to employers of employee alcohol abuse: a review of the literature in the United States of America International Symposium on the Economic and Social Costs of Substance Abuse (3rd : 2000, 31 May -3 June : Banff, AB) *Bulletin on Narcotics*, 52(1&2): 45-59, 2000 Conference proceedings

Abstract:

Although the adverse effects of alcohol abuse by workers are widely recognized and their cost to society is readily quantified, there is a lack of studies estimating the impact of alcohol abuse on the workplace alone. This may be due to the fact that the cost of alcohol abuse goes beyond the workplace and is shared in uncertain proportions among employers (lost profits), workers (lost earning and benefits) and consumers (higher prices). In order to shed light on this question, the authors carried out a literature search of the databases, ETOH, HealthSTAR, Information on Drugs and Alcohol (IDA), MEDLINE and Substance Abuse Information Database (SAID). They also looked at the publications of the Canadian Centre on Substance Abuse (CCSA), the United States Department of Labor, the International Labour Organization (ILO), the National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), and the United States Substance Abuse and Mental Health Services Administration (SAMHSA). The findings are discussed under the following headings: "Economic theory and employee alcohol abuse"; "Behaviors and outcomes associated with employee alcohol abuse"; "Prevalence of alcohol abuse among United States workers"; "Workplace efforts to reduce employee alcohol abuse"; "Can employers measure the cost of employee alcohol abuse?"; and "Workplace costs and international guidelines." It was noted that all of the cost categories identified in the international guidelines for estimating the costs of substance abuse were addressed in the literature, and that these capture many of the costs of workplace alcohol abuse. In general, however, the review confirmed the dearth of published studies on the cost of alcohol abuse to employers. The vast majority of literature on alcohol and drug abuse in the workplace pertains to incidence and prevalence rather than cost. Large national household surveys can provide employers with useful information on risks associated with occupational category, region and demographic characteristics. But, there are few examples of the cost of alcohol abuse in specific companies and workplaces. Several studies relied on employee surveys (self-reporting) for data on substance abuse and related workplace consequences. But, the "total costs model" developed by the American Productivity and Quality Center (1988) was the only one that attempted to track the direct and indirect costs associated with substance abuse, based on financial and subjective data. That alcohol abuse by workers is a matter of great concern to employers in the United States was evident in the fact that most have established policies, services, benefits or initiatives to deal with the issue. In general, the larger the establishment, the more likely it is to provide information about alcohol and drug use; to have a written policy on drug and alcohol use; to offer an employee assistance program; and to test current or prospective employees for alcohol use.

Availability: ODCCP Headquarters, United Nations Office for Drug Control and Crime Prevention Vienna International Centre, PO Box 500,

A-1400 Vienna, Austria; tel: +43 1 26060 0; fax: +43 1 26060 5866; email: odccp@odccp.org
http://www.undcp.org/pdf/bulletin_2000-01-01_1.pdf

- Moore, R.S. (2001). Alternatives to alcohol in coping with workplace stress: Evidence from urban hospital nurses. *Journal of Addictions Nursing*, 13(1):31-40, 2001.

In a survey on work, stress, and health-related behaviors among 673 municipal employees from various occupational categories. Sixty-eight respondents working as nurses reported significantly more stress on the job yet drank no more than the other workers in the study. To investigate mechanisms intervening in the hypothesized relationship between workplace stress and drinking, semi-structured ethnographic interviews were conducted with 21 urban hospital nurses. Content analysis of these interviews identified and described stressors faced by the nurses in their work, as well as mechanisms for coping with stress. The ethnographic findings help explain the lack of a

simple relationship between workplace stress and drinking. Common sources of stress: job satisfaction/protective factors; forms of stress relief are presented in table form.

- Mullahy, John; Sindelar, Jody L. (1998). Drinking, problem drinking, and productivity. In Galanter, Marc (Ed). (1998). Recent developments in alcoholism, Vol. 14: The consequences of alcoholism: Medical neuropsychiatric economic cross-cultural. Recent developments in alcoholism. (pp. 347-359). New York, NY, US: Plenum Press. xxii, 499pp.

Abstract (from the chapter)

Summarizes what is known about the impact of alcohol on labor market productivity. More specifically, the chapter reviews the literature in the field of economics that assesses the impact of alcohol consumption and/or problem drinking on labor market productivity. The focus is twofold. First the authors present and discuss the relevant conceptual issues that must be appreciated in assessing such relationships. Second, they summarize and assess the empirical findings that have been offered in the literature.

- Reaves, J. J. (1994). Drug Crimes in the Workplace: A Survey of Drug Use and Its Effect on Crimes in the Workplace and a Small Study of Workplace Drug-Abusers under Rehabilitative Care. Security Journal, 5(1), 27-34.

Explores the problems associated with drugs in the workplace by: (1) describing the nature & extent of the problem based on available data & literature, suggesting that a drug-abusing employee is a major social & economic problem, especially for a small business; & (2) describing the results of a study of drug abusers, showing how their experiences relate to drug abuse in the workplace. Questionnaires from 40 former drug-abusing employees at a therapeutic community in PA provide data regarding their personal knowledge of drug use & related criminal activity in their workplaces. The need to establish programs in the workplace that identify & assist drug-abusing employees is discussed.

Policies and programming regarding substance use and substance abuse at the workplace and the impact of these policies and programming

- Alberta Alcohol and Drug Abuse Commission. (2000). The addicted employee: after treatment. Edmonton: Author.
- Alberta Alcohol and Drug Abuse Commission. (1999). An addiction in the family: what it means for the workplace. Edmonton: Author.
- Ames, G.M.; Grube, J.W.; (2000). Moore, R.S. Social control and workplace drinking norms: A comparison of two organizational cultures. Journal of Studies on Alcohol, 61(2):203-219, 2000.

The relationship of social control mechanisms at work to drinking practices of 10,000 salaried and hourly employees working in the same U.S. industry, with the same union, but in two different work environments was studied. One work environment reflected an organizational culture that is traditional to U.S. management; the other was based on a nontraditional Japanese transplant model. The research team used a combination of methods including in-home surveys and ethnography. Respondents were asked about general and work-related drinking, perceptions of drinking norms, strengths or weaknesses of alcohol-related policies and procedures for policy enforcement. Overall consumption rates in both populations were similar. The Traditional (i.e., U.S.) model was associated

with more permissive norms regarding drinking before or during work shifts (including breaks) and higher workplace drinking rates than the Transplant (i.e., Japanese) model. Analyses revealed that alcohol policies, and the extent to which policies are actually enforced, predicted drinking norms and alcohol availability at work. Drinking norms, in turn, predicted work-related drinking and accounted for differences in alcohol consumption between the two worksites. Analyses of ethnographic data provided descriptive understandings of aspects of the two organizational cultures that disabled mechanisms for social control of drinking in one setting and enabled those mechanisms in the other.

- Anderson, B.K. & Larimer, M.E. (2002). Problem drinking and the workplace: An individualized approach to prevention. *Psychology of Addictive Behaviors*, 16, 243-251.

The present study evaluated the efficacy of a brief, individualized, alcohol abuse prevention program designed to reduce problem drinking within the workplace environment. One hundred fifty-five randomly selected employees of a medium-sized company in the food and retail services sector participated in the 6-month controlled worksite prevention trial. Female problem drinkers who received the intervention were more likely than those in the no-treatment control group to reduce alcohol-related negative consequences at follow-up. In addition, there was a significant multivariate treatment effect, suggesting that participants who received the intervention were significantly more likely to reduce drinking frequency at follow-up. Evaluation of attrition rates and reports of participant satisfaction suggest that the intervention was effective in engaging participants at all levels of alcohol consumption.

- Barabander, C. S. (1993). Alcohol and drugs in the workplace. In Straussner, S. L. A. (Ed.), *Clinical work with substance-abusing clients*. Guilford substance abuse series. (pp. 69-87). New York: Guilford Press.

(From the chapter) explore the problem of drug and alcohol abuse in the workplace / review the methods being utilized by corporations to manage the problem / discuss the roles of social workers in the treatment of drug- and alcohol-abusing employees.

- Besenhofer, R. K., & Gerstein, L. H. (1991). Referrals to Employee Assistance Programs (EAPs): Characteristics of hypothetical supervisors, EAPs, and substance abusing workers. *Employee Assistance Quarterly*, 7(2), 41-62.

Examined the relationship between characteristics of EAPs, managers, workers, and the EAP referral process using 222 graduate students (aged 23-51 yrs) who imagined themselves as supervisors of imaginary employees (IGEs). Ss received 1 of 3 sets of employee scenarios (cocaine abuser, alcohol abuser, or job-impairment) and were told that their EAP was either company or community-based. Ss indicated their likelihood of referring their IGE to the EAP. Ss were more likely to refer cocaine abusers than alcohol or nonsubstance abusing IGEs. In addition, alcohol abusers were more likely than nonsubstance abusers to be referred. Finally, front-line managers were more inclined to make referrals than were upper-level managers.

- Brummett, P. O. (1999). Successfully matching employee to substance abuse treatment through non-routinized Employee Assistance Program (EAP) referral. *Employee Assistance Quarterly*, 15(1), 1-20.

Non-routinized Employee Assistance Program (EAP) referral practices have been found to generate greater likelihood of success of drug treatment programs. In this study, non-routinized referral practices were measured through a nationwide survey of 115 EAP referral personnel in terms of theory, practice, decision-making, and policy. Success of drug treatment was measured by improved productivity, improved absenteeism, completion of original drug treatment, and lack of relapse (as

monitored by the EAP). Ordinary least squares regression was utilized to determine that individual-oriented (non-routinized) referrals as compared to standardized (routinized) referrals resulted in greater likelihood of success of drug treatment company wide. Additionally, the use of followup support by the EAP was found to be positively and significantly related to employee drug treatment success.

- Gerstein, L. H., Lynn, D., & Brown, P. (1991). Type of setting, employee substance abuse, and hypothetical supervisors' EAP referrals. *Journal of Drug Issues*, 21(4), 817-824.

Examined the relationship between characteristics of the work site and supervisors' willingness to refer employees to an employee assistance program (EAP) among 90 undergraduates who evaluated hypothetical situations. The hypothetical situations involved 3 types of subordinates (cocaine abusers, alcohol abusers, and nonabusers) in 3 work environments: manufacturing company, high school, and hospital. It was predicted that cocaine abusers would be referred more often than alcohol or nonabusers. Higher referral rates were expected in the school setting as compared with the other work environments. Results support the 1st prediction but not the 2nd.

- Gerber, J.K.; Yacoubian, G.S. Jr. (2002). Assessment of drug testing within the construction industry. *Journal of Drug Education*, 32(1):53-68.

Drug testing in the workplace has gone from virtual nonexistence to widespread employer acceptance during the past two decades. This growth is particularly significant for the construction industry. High rates of alcohol and other drug use, coupled with the high-risk, safety-sensitive nature of the industry, have prompted the development of a variety of drug surveillance and prevention strategies. Despite this growing vigilance, no scholarly works have examined the impact of drug-related policies in the construction industry. To address this limitation, this study investigates the efficacy of workplace drug-testing programs in reducing injury incident rates and workers' compensation experience-rating modification factors (MODs) within the construction industry. Analyses indicate that companies with drug-testing programs experienced a 51 percent reduction in incident rates within two years of implementation. Moreover, companies that drug test their employees experienced a significant reduction in their MODs. Policy implications are discussed in light of the current findings.

- Goldmeier, J. (1994). Intervention with elderly substance abusers in the workplace. *Families in Society*, 75(10), 624-629.

Discusses elderly alcohol and drug abusers in the workplace, emphasizing prevention and strategies to identify the abuser while the problem is still in the incipient stage. Social workers' roles in providing treatment are discussed. Primary prevention includes medical screening programs, work attendance problems, accidents, drug screenings, educational programs, and a positive work environment.

- Roman, P. M., & Blum, T. C. (1999). Externalization and Internalization as Frames for Understanding Workplace Deviance: The Management of Alcohol and Drug Abuse. *Research in the Sociology of Work*, 8, 139-164.

Externalization is explored as a sociological variable & used to describe organizational reactions to employees' use & abuse of psychoactive substances, wherein the testing of persons for evidence of drug use is widely recognized as the trigger for externalization. This example & the contemporary moral panic about illegal drugs highlight the importance of societal context & draw attention to legislative attempts to prescribe workplace "internalization" of persons in certain social categories. Employee assistance programs offer a contrasting illustration of efforts to internalize deviant

employees that are undertaken voluntarily by organizational decisionmakers. A series of hypotheses suggests how the empirical dynamics of externalization & internalization might be documented effectively.

- Staudenmeier, W. J. (1989). Contrasting organizational responses to alcohol and illegal drug abuse among employees. *Journal of Drug Issues*, 19(4), 451-471.

Describes differences in employer control efforts in the policy areas of identification, discipline, and rehabilitation for alcohol (AL) vs illegal drug (ID) cases. Identification policies for ID problems emphasize testing and surveillance, while identification policies for AL problems emphasize supervisory awareness or encouraging self-identification. In terms of discipline, employees with ID problems are more likely to be discharged than employees with AL problems. Rehabilitation has traditionally been more available for the AL-dependent employee than for the ID-dependent employee. A conceptual framework is provided for thinking about these differences and the influences of the organizational environment on them.

- Steele, P. D., & Hubbard, R. L. (1985). Management styles, perceptions of substance abuse, and employee assistance programs in organizations. *Journal of Applied Behavioral Science*, 21(3), 271-286.

Examined the relationships among organizational style, perceptions of the extent of substance abuse, and the structure and processes of employee assistance programs (EAPs) in the work place to identify factors associated with the extent of substance abuse and the provision of effective services to abusers within organizations. The Survey of Organizations (SOO) and additional questions relating to substance use were administered to a random sample of 760 employees from 7 corporations, and in-depth, open-ended interviews were conducted with 83 EAP staff and corporate administrators. Results show the following: (1) There was a negative correlation between organizational climate and satisfaction (as measured by the SOO indices) and the extent of substance abuse in the work place; (2) the majority of Ss were unaware of specific organizational and EAP policies and procedures; and (3) EAPs tended to be poorly integrated in terms of structure and process with the organizations' administrative hierarchy. Targets for information campaigns and means of integrating EAPs into the corporate hierarchy are suggested.

- University of Lethbridge Library. (2001). Substance abuse and the workplace. Lethbridge, Alta: Author. Location: UofL Main Collection HV 5801 U585 S8177 2001
- University of Lethbridge Library. (2000). Addicted employees: treatment outcomes during employment & after dismissal. Lethbridge, Alta: Author. Location: UofL Main Collection HV 5801 U585 A442 2000

GAMBLING IN THE WORKFORCE LITERATURE REVIEW

Prevalence and patterns of gambling and problem gambling in the workforce and at the workplace

- Duquette, K. B. (2000). Casino employee gambling behavior. MAI 38/06, 1689.

This study described the gambling behavior and the prevalence of problem and pathological gambling among casino employees. Casino employees (N = 271) from a local Hotel/Casino in Las Vegas, Nevada completed self-report questionnaires, which included The South Oaks Gambling Screen (Lesieur and Bloom, 1987), as well as some additional questions specific to casino employees, their work environment, and their gambling behavior. The rate of pathological gambling among the sample was 20.3%. Despite no gender differences with regard to gambling pathology, males and females differed in rate of play, amount of money wagered, and types of casino games played. Additionally, a number of other characteristics of casino employee gamblers were assessed, including various environmental factors and their impact on the gambling behavior of casino employees.

- Petry, N. M. (2002). A comparison of young, middle-aged, and older adult treatment-seeking pathological gamblers. *Gerontologist*, 42(1), 92-99.

Purpose: Pathological gambling is an increasing public health concern, but very little is known about this disorder in older adults. This study evaluated gambling and psychosocial problems across age groups in treatment-seeking gamblers. Design and Methods: At intake to gambling treatment programs, 343 pathological gamblers completed the Addiction Severity Index (ASI) and gambling questionnaires. Participants were categorized by age into young adults (ages 18-35 years; n = 97), middle-aged adults (ages 36-55 years, n 197), and older adults (aged older than 55 years, n 49). Differences in demographics, gambling variables, and ASI composite scores were compared across the groups. Results: The middle- and older age gamblers were more likely to be female (45%-55%) than were the younger gamblers (23%), but the groups were similar with respect to most other demographic variables. When controlled for gender, older age was associated with increased employment problems, but fewer social, legal, and substance-abuse difficulties. Compared with middle-aged gamblers, older gamblers wagered on fewer days. Age x Gender effects emerged in onset of gambling problems and amount spent gambling. Older women did not begin gambling regularly until an average age of 55 years, whereas older male gamblers generally reported a lifelong history of gambling. The older female gamblers also wagered the greatest amounts in the month prior to treatment entry. Implications: These data suggest that older adults compose a minority of treatment-seeking gamblers, but differences in psychosocial problems across the age groups may suggest the need for interventions tailored to particular issues encountered by older pathological gamblers. Specifically, treatments focusing on later life development of problems may be indicated for older female gamblers.

- Ryan, T. P., & Speyrer, J. F. (1999, April). *Gambling in Louisiana: A Benefit/Cost Analysis*. New Orleans: College of Business Administration, Division of Business & Economic Research, University of New Orleans. <http://www.uno.edu/~coba/dbcr/gambling1998/> -- See Appendix H - Casino Employee Survey <http://www.uno.edu/~coba/dbcr/gambling1998/CasEmpR.pdf>
- Shaffer, H. J., Vander Bilt, J., & Hall, M. N. (1999). Gambling, drinking, smoking and other health risk activities among casino employees. *American Journal of Industrial Medicine*, 36(3), 365-378.

Background

This study examined the prevalence of level 3 (pathological) gambling and a variety of other health risks among casino employees.

Methods

A sample of 3841 full-time casino employees representing four geographic sites was surveyed about gambling, drinking, smoking, and other health risk behaviors. In addition, respondents were asked about their use of the employee assistance program (EAP) and perceived obstacles towards using the EAP.

Results

This study found that casino employees have a higher prevalence of past-year level 3 (pathological) gambling behavior than the general adult population, but a lower prevalence of past-year level 2 (problem) gambling than the general adult population. In addition, casino employees have higher prevalence of smoking, alcohol problems, and depression than the general adult population. Furthermore, these risk behaviors tend to cluster. The majority of non-smoking respondents in this sample were exposed to second-hand smoke. Employees reported low participation in the company's EAP.

Conclusions

The results of this study suggest that casino management should consider (1) improving problem gambling screening for employees who visit EAPs, even if employees present other problems (e.g., alcohol problems) as their primary concern, (2) increasing employees' awareness of EAPs, (3) increasing health promotion and education through channels other than company EAPs, and (4) creating smoke-free working areas. Am. J. Ind. Med. 36:365-378, 1999. © 1999 Wiley-Liss, Inc.

- Society for Human Resources Management. (1999). Results from the 1999 SHRM gambling in the workplace survey. Alexandria, VA: Author.
Retrieved July 25, 2002 from <http://www.shrm.org/surveys/default.asp?page=gambling.htm>

The following report provides an analysis of the results from the SHRM® Gambling in the Workplace Survey. The results are based on the responses of 504 human resource professionals. The survey was faxed to 2,300 randomly selected SHRM members in February 1999. This survey report is part of the SHRM Survey Series, which provides human resource professionals insight into cutting edge issues and trends. Operating under the assumption that whatever manifests itself in the larger society will eventually manifest itself at work, the Issues Management staff examines developments in the fields of science, economics, politics, criminal justice, sociology, psychology and the law for their future effect on the workplace. SHRM is the leading voice of the human resource profession. SHRM provides education and information services, conferences and seminars, government and media representation, online services and publications to more than 115,000 professional and student members throughout the world. The Society, the world's largest human resource management association, is a founding member of the North American Human Resource Management Association (NAHRMA) and the World Federation of Personnel Management Associations (WFPMA).

- Wager, The. (March 28, 2000). Betting on the job: Danger or diversion? The Wager, 5(13).
<http://www.thewager.org/Backindex/vol5pdf/w513.pdf>

- Wager (2000, February 29). On the Job: Gambling Behavior among Casino Employees. The Wager, 5(9). <http://www.thewager.org/Backindex/Vol5HTML/w509fr.shtml>

Factors related to gambling and problem gambling in the workforce and at the workplace

- Bland, R. C., Newman, S. C., Orn, H., & Stebelsky, G. (1993). Epidemiology of pathological gambling in Edmonton. *Canadian Journal of Psychiatry*, 38(2), 108-112.

30 adult lifetime pathological gamblers were identified when 7,214 randomly selected household residents of Edmonton were interviewed by trained lay interviewers using the Diagnostic Interview Schedule. The lifelong prevalence of pathological gambling was 0.42% (ratio of males to females 3:1). The peak age of onset was 25-29 yrs. Gamblers had high rates of comorbidity with other psychiatric disorders, particularly antisocial personality disorder when not used as an exclusion criterion. Gamblers were likely to have made suicide attempts (13.3%), to have been convicted of offenses (26.7%), to be spouse and child abusers (23.3% and 16.7%, respectively), and to have spent long periods unemployed (40%). In addition, 80% had trouble at home or work because of gambling, and 60% borrowed or stole to gamble. (French abstract)

Impact and costs of gambling and problem gambling in the workforce and at the workplace

- Australia Productivity Commission, Banks, G., & Fitzgerald, R. (1999). Australia's gambling industries inquiry report. Melbourne: Productivity Commission. <http://www.pc.gov.au/inquiry/gambling/finalreport/> -- See Chapter 7.4 'Impacts on work'
- Ladouceur, R., Boisvert, J-M., Pepin, M., Loranger, M., et al. (1994). Social cost of pathological gambling. *Journal of Gambling Studies*, 10(4), 399-409.

Explored the social cost and financial burdens of pathological gambling in Quebec, Canada. Ss, 60 pathological gamblers (93% male; mean age 40 yrs) in treatment in Gamblers Anonymous, completed a 31-item questionnaire on personal debts, loss of productivity at work, illegal activities, medical costs, and the presence of other dependencies. 33% of Ss spent between \$1,000 and \$2,000 a month, and 23% spent between \$2,000 and \$5,000 a month. Results show that important debts, loss of productivity at work, and legal problems are associated with pathological gambling. Discussion is formulated in terms of the social cost of adopting a liberal attitude toward the legalization of various gambling activities.

Policies and programming regarding gambling and problem gambling at the workplace and the impact of these policies and programming

- Hing, N. (2001). Changing the odds: A study of corporate principles and practices in addressing problem gambling. *Journal of Business Ethics*, 33(2), 115-144.

This paper documents a quantitative study into socially responsible principles and practices adopted in registered clubs in New South Wales Australia to manage one of their social impacts--problem gambling. The survey utilized an adapted version of Aupperle's (1982) corporate social responsibility instrument to measure the priority given to economic, legal, ethical and discretionary principles in club machine gambling operations. The survey also assessed support for certain management practices in responsible gambling. The results indicate that the participating club managers prioritize

economic, legal, ethical and discretionary principles respectively, and that these are statistically related to practices they have implemented and support in responsible gambling. The managers most favored secondary harm minimization practices, followed by reactive primary intervention. Less favored were proactive primary intervention and discretionary practices. These principles and practices contrast markedly with those advocated by key stakeholder groups, as expressed in semi-structured interviews and submissions to the NSW Gaming Inquiry. Non-industry stakeholders favored a more balanced set of principles and a more holistic set of management practices in responsible gambling.

- International Psychological Services Employee Assistance. Gambling Menu. <http://www.eap.com.au/gambling.htm>
- Lesieur, H. R. (1989). Experience of employee assistance programs with pathological gamblers. Journal of Drug Issues, 19(4), 425-430.

As part of research conducted for the New York State Office of Mental Health, New York members of ALMACA were sent a questionnaire inquiring into their experiences with compulsive gamblers. Out of 86 EAPs and providers replying to the survey, 64% had identified compulsive gamblers. These gamblers represented 1.4% of the total client population. Fifty-nine percent of the respondents that had identified compulsive gamblers (71% of EAPs and 15% of service providers) made referrals to outside treatment facilities with pathological gambling as a primary (or secondary) problem. Seventy-eight percent of the organizations that had someone attend training/education sessions about compulsive gambling employees in contrast with 45% of those that had not attended education/training sessions. Respondents indicated a need for basic, as well as advanced, training/education about compulsive gambling. There was also a recognition of the inadequacy of the existing level of treatment services, education and training in the state. The majority of the pathological gamblers presently seen by the New York State ALMACA members are addicted to chemicals, as well as gambling. This is in contrast with studies indicating that most compulsive gamblers are not dually addicted. The implications of these findings are discussed in terms of theory and application.

- Rudyk, A. (1988). Gambling and Federal civil service employment law. Journal of Gambling Behavior, 4(4), 261-276.

Notes that since the Civil Service Reform Act of 1978 has provoked debate in the Federal sector (FS) as to whether compulsive gambling (CG) is a handicapping condition similar to alcoholism and drug addiction. Traditionally, disciplinary cases in the FS have been classified in 2 categories: (1) misconduct related to CG and (2) gambling on-the-job. While employees who promote gambling can be fired for one instance of such misconduct, employees whose misconduct is the result of CG have a strong affirmative defense restricting the employer's attempts to fire for just cause. CG generally is not recognized by Federal civil service law as a handicapping condition. Developments in the FS, however, have required federal managers to consider CG as a mitigating factor in deciding on appropriate discipline. Related developments indicate that CG may be reclassified as a handicapping condition.

APPENDIX F: WEIGHTING METHODOLOGY FOR THE 1992 EMPLOYER DATA

APPENDIX F: WEIGHTING METHODOLOGY FOR THE 1992 EMPLOYER DATA

Employer surveys were undertaken in both 1992 and 2002. The proportion of employers sampled by number of employees differed considerably between the 1992 survey and the 2002 survey.

In the 2002 Employer Survey, a representative sample was developed that was reflective of employers within the population, based on their size. In 1992, those employers with less than 10 employees were under-sampled and those with 200 or more employees were over-sampled. Consequently, the 1992 data was weighted for comparison purposes in the current report. The weights were calculated so that, proportionally, both data sets reflected the same distribution by number of employees. Table 1 below details the percentage differences between 1992 and 2002 and the subsequent weights that were applied.

TABLE F-1
DIFFERENCE IN EMPLOYER SIZE DISTRIBUTIONS BETWEEN 1992 AND 2002 AND
SUBSEQUENT 1992 WEIGHTS

Number of Employees	1992	2002	% Difference	Weight
Less than 10 employees	3.1%	38.1%	-35.0%	12.3
10 to 49 employees	32.5%	40.5%	-8.0%	1.246
50 to 199 employees	18.4%	12.5%	+5.9%	0.68
200 to 499 employees	20.9%	4.3%	+16.6%	.205
500+ employees	25.0%	4.6%	+20.4%	.184

APPENDIX G: DEMOGRAPHIC VARIABLES CROSS-
TABULATED AGAINST ALCOHOL,
SMOKING, MEDICATION, ILLICIT DRUG
USE AND GAMBLING

APPENDIX G: DEMOGRAPHIC VARIABLES CROSS-TABULATED AGAINST ALCOHOL, SMOKING, MEDICATION, ILLICIT DRUG USE AND GAMBLING

TABLE G-1
DRINKER PROFILE* BY GENDER

Gender	Non Drinker		Infrequent drinker		Occasional drinker		Regular, light drinker		Regular, Moderate to heavy drinker		Very heavy drinker	
	2002	1992	2002	1992	2002	1992	2002	1992	2002	1992	2002	1992
Male	17%	19%	18%	13%	28%	35%	18%	14%	11%	12%	8%	7%
Female	22%	23%	34%	27%	24%	33%	12%	12%	6%	4%	2%	2%
Survey Average	20%	20%	27%	19%	26%	34%	15%	14%	9%	8%	5%	5%

2002 N=1884; 1992 n=1975

2002 DK/NR=0%; 1992 DK/NR=1%

* Note: Based on frequency and consumption levels

TABLE G-2
DRINKER PROFILE* BY AGE

Age	Non Drinker		Infrequent drinker		Occasional drinker		Regular, light drinker		Regular, Moderate to heavy drinker		Very heavy drinker	
	2002	1992	2002	1992	2002	1992	2002	1992	2002	1992	2002	1992
18-24**	13%	14%	19%	17%	20%	35%	22%	16%	11%	9%	16%	9%
25-34	14%	15%	26%	18%	31%	40%	16%	15%	8%	7%	5%	6%
35-44	20%	19%	29%	22%	27%	34%	13%	14%	9%	8%	3%	3%
45-64	23%	31%	28%	19%	26%	27%	13%	10%	8%	11%	3%	2%
65+ years	49%	51%	24%	16%	9%	16%	6%	5%	9%	6%	3%	7%
Survey Average	20%	20%	27%	19%	26%	34%	15%	14%	9%	8%	5%	5%

2002 n=1879; 1992 n=1991

2002 DK/NR=0.3%; 1992 DK/NR=0.2%

* Note: Based on frequency and consumption level

** Note: Ages ranged from 15-24 in 1992

TABLE G-3
DRINKER PROFILE* BY MARITAL STATUS

Marital Status	Non Drinker		Infrequent drinker		Occasional drinker		Regular, light drinker		Regular, Moderate to heavy drinker		Very heavy drinker	
	2002	1992	2002	1992	2002	1992	2002	1992	2002	1992	2002	1992
Married (including common law)	21%	21%	30%	22%	27%	34%	13%	13%	7%	8%	2%	3%
Separated/divorced	21%	24%	23%	21%	26%	29%	16%	15%	10%	6%	3%	7%
Widowed	29%	31%	29%	34%	17%	23%	20%	8%	0%	4%	6%	0%
Never Married	13%	16%	19%	12%	25%	37%	19%	15%	12%	12%	13%	9%
Survey Average	20%	20%	27%	19%	26%	34%	15%	14%	9%	8%	5%	5%

2002 n=1876; 1992 n=1995

2002 DK/NR=0.4%; 1992 DK/NR=0%

* Note: Based on frequency and consumption level

TABLE G-4
DRINKER PROFILE* BY EDUCATION

Level of Education	Non Drinker		Infrequent drinker		Occasional drinker		Regular, light drinker		Regular, Moderate to heavy drinker		Very heavy drinker	
	2002	1992	2002	1992	2002	1992	2002	1992	2002	1992	2002	1992
High school or less	24%	22%	25%	21%	21%	31%	13%	14%	10%	8%	7%	4%
Some/ completed college/technical school/university	18%	19%	28%	19%	28%	36%	14%	13%	8%	7%	4%	6%
One or more university degrees	17%	19%	25%	18%	29%	34%	16%	14%	9%	11%	4%	4%
Survey Average	20%	20%	27%	19%	26%	34%	15%	14%	9%	8%	5%	5%

2002 n=1877; 1992 n=1989

2002 DK/NR=0.4%; 1992 DK/NR=0.3%

* Note: Based on frequency and consumption level

TABLE G-5
DRINKER PROFILE* BY INCOME

Gross Annual Household Income	Non Drinker		Infrequent drinker		Occasional drinker		Regular, light drinker		Regular, Moderate to heavy drinker		Very heavy drinker	
	2002	1992	2002	1992	2002	1992	2002	1992	2002	1992	2002	1992
Under \$10,000	22%	23%	24%	21%	15%	29%	20%	14%	13%	5%	7%	7%
\$10,000 to \$19,999	29%	23%	16%	19%	25%	30%	18%	15%	5%	7%	7%	5%
\$20,000 to \$34,999	25%	23%	27%	18%	21%	35%	14%	13%	8%	7%	4%	4%
\$35,000 to \$49,999	21%	13%	30%	21%	24%	36%	10%	14%	8%	8%	6%	4%
\$50,000 to \$99,999	16%	16%	27%	21%	29%	36%	15%	13%	9%	10%	4%	5%
\$100,000 or over	13%	21%	22%	12%	31%	25%	19%	16%	10%	21%	5%	5%
Survey Average	20%	20%	27%	19%	26%	34%	15%	14%	9%	8%	5%	5%

2002 n=1693; 1992 n=1828

2002 DK/NR=10%; 1992 DK/NR=8%

* Note: Based on frequency and consumption level

TABLE G-6
DRINKER PROFILE* BY UNION MEMBERSHIP

Union Membership	Non Drinker		Infrequent drinker		Occasional drinker		Regular, light drinker		Regular, Moderate to heavy drinker		Very heavy drinker	
	2002	1992	2002	1992	2002	1992	2002	1992	2002	1992	2002	1992
Union member	16%	20%	33%	18%	27%	35%	15%	11%	6%	10%	4%	7%
Non-union member	20%	21%	25%	20%	26%	33%	14%	14%	9%	8%	5%	4%
Survey Average	20%	20%	27%	19%	26%	34%	15%	14%	9%	8%	5%	5%

2002 n=1454; 1992 n=1822

2002 DK/NR=23%; 1992 DK/NR=9%

* Note: Based on frequency and consumption level

TABLE G-7
MEDICATION USAGE* BY GENDER

Gender	User	Non-user
Male	84%	16%
Female	92%	9%
Survey Average	88%	12%

N=1891

Note: Use of any medications within the last 12 months.

TABLE G-8
MEDICATION USAGE* BY AGE

Age	User	Non-user
18-24	91%	9%
25-34	87%	13%
35-44	92%	9%
45-64	86%	14%
65+ years	69%	31%
Survey Average	88%	12%

n=1885

DK/NR=0.3%

Note: Use of any medications within the last 12 months.

TABLE G-9
MEDICATION USAGE* BY MARITAL STATUS

Marital Status	User	Non-user
Married	90%	10%
Separated/Divorced	87%	13%
Widowed	78%	22%
Never Married	85%	15%
Survey Average	88%	12%

n=1882

DK/NR=0.5%

* Note: Use of any medications within the last 12 months.

TABLE G-10
MEDICATION USAGE* BY EDUCATION

Level of Education	User	Non-user
High school or less	84%	16%
Some/ completed college/ technical school/university	89%	11%
One or more university degrees	90%	10%
Survey Average	88%	12%

n=1886

DK/NR=0.3%

* Note: Use of any medications within the last 12 months.

TABLE G-11
MEDICATION USAGE* BY INCOME

Gross Annual Household Income	User	Non-user
Under \$10,000	84%	16%
\$10,000-19,999	80%	20%
\$20,000-34,999	93%	7%
\$35,000-49,999	87%	13%
\$50,000-99,999	89%	11%
\$100,000 or more	88%	12%
Survey Average	88%	12%

n=1690

DK/NR=11%

* Note: Use of any medications within the last 12 months.

TABLE G-12
MEDICATION USAGE* BY UNION MEMBERSHIP

Union Membership	User	Non-user
Union member	90%	10%
Non-union member	88%	12%
Survey Average	88%	12%

n=1452

DK/NR=23%

* Note: Use of any medications within the last 12 months.

TABLE G-13
ILLICIT DRUG USE* BY GENDER

Gender	Current User		Non Drug User		Low Level Problem		Moderate Level Problem		Substantial Level Problem		Use with No Problem	
	2002	1992	2002	1992	2002	1992	2002	1992	2002	1992	2002	1992
Male	11%	7%	89%	93%	7%	N/A	4%	N/A	0.3%	N/A	3%	N/A
Female	5%	4%	95%	96%	3%	N/A	1%	N/A	0.4%	N/A	2%	N/A
Survey Average	10%	6%	90%	94%	5%	N/A	2%	N/A	0.4%	N/A	3%	N/A

2002 N=1887; 1992 n=1984

2002 DK/NR=0%; 1992 DK/NR=1%

* Note: 1992 and 2002 current drug users and non drug users are based on use of any illicit drugs within the last 12 months for comparison purposes; 2002 drug use levels (low/moderate/substantial/medicinal) based on DAST profiles.

Note: N/A is not available from 1992 data.

TABLE G-14
ILLCIT DRUG USE* BY AGE

Age	Current User		Non Drug User		Low Level Problem		Moderate Level Problem		Substantial Level Problem		Use with No Problem	
	2002	1992	2002	1992	2002	1992	2002	1992	2002	1992	2002	1992
18-24	26%	12%	74%	88%	17	N/A	8	N/A	2	N/A	7%	N/A
25-34	11%	9%	89%	91%	6	N/A	5	N/A	0.2	N/A	3%	N/A
35-44	4%	4%	96%	96%	3	N/A	1	N/A	0.3	N/A	2%	N/A
45-64	3%	1%	97%	99%	2	N/A	0.3	N/A	0	N/A	1%	N/A
65+ years	0%	0%	100%	100%	0	N/A	0	N/A	0	N/A	0%	N/A
Survey Average	10%	6%	90%	94%	5%	N/A	2%	N/A	0.4%	N/A	3%	N/A

2002 n=1881; 1992 n=2000

2002 DK/NR=0.3%; 1992 DK/NR=0.3%

* Note: 1992 and 2002 current drug users and non drug users are based on use of any illicit drugs within the last 12 months for comparison purposes; 2002 drug use levels (low/moderate/substantial/medicinal) based on DAST profiles.

Note: N/A is not available from 1992 data.

TABLE G-15
ILLCIT DRUG USE* BY MARITAL STATUS

Marital Status	Current User		Non Drug User		Low Level Problem		Moderate Level Problem		Substantial Level Problem		Use with No Problem	
	2002	1992	2002	1992	2002	1992	2002	1992	2002	1992	2002	1992
Married	4%	3%	96%	97%	3%	N/A	1%	N/A	0.2%	N/A	1%	N/A
Separated/ Divorced	5%	6%	95%	94%	3%	N/A	2%	N/A	1%	N/A	3%	N/A
Widowed	0%	7%	100%	93%	0%	N/A	0%	N/A	0%	N/A	0%	N/A
Never Married	19%	13%	81%	87%	12%	N/A	6%	N/A	1%	N/A	6%	N/A
Survey Average	10%	6%	90%	94%	5%	N/A	2%	N/A	0.4%	N/A	3%	N/A

2002 n=1878; 1992 n=2004

2002 DK/NR=0.5%; 1992 DK/NR=0.2%

* Note: 1992 and 2002 current drug users and non drug users are based on use of any illicit drugs within the last 12 months for comparison purposes; 2002 drug use levels (low/moderate/substantial/medicinal) based on DAST profiles.

Note: N/A is not available from 1992 data.

TABLE G-16
ILLCIT DRUG USE* BY EDUCATION

Level of Education	Current User		Non Drug User		Low Level Problem		Moderate Level Problem		Substantial Level Problem		Use with No Problem	
	2002	1992	2002	1992	2002	1992	2002	1992	2002	1992	2002	1992
High school or less	9%	7%	91%	93%	5%	N/A	3%	N/A	1%	N/A	4%	N/A
Some/ completed college/technical school/university	9%	5%	91%	95%	5%	N/A	3%	N/A	0.4%	N/A	3%	N/A
One or more university degrees	4%	5%	96%	95%	4%	N/A	1%	N/A	0%	N/A	1%	N/A
Survey Average	10%	6%	90%	94%	5%	N/A	2%	N/A	0.4%	N/A	3%	N/A

2002 n=1882; 1992 n=1999

2002 DK/NR=0.3%; 1992 DK/NR=0.4%

* Note: 1992 and 2002 current drug users and non drug users are based on use of any illicit drugs within the last 12 months for comparison purposes; 2002 drug use levels (low/moderate/substantial/medicinal) based on DAST profiles.

Note: N/A is not available from 1992 data.

TABLE G-17
ILLCIT DRUG USE* BY INCOME

Gross Annual Household Income	Current User		Non Drug User		Low Level Problem		Moderate Level Problem		Substantial Level Problem		Use with No Problem	
	2002	1992	2002	1992	2002	1992	2002	1992	2002	1992	2002	1992
Under \$10,000	18%	11%	82%	89%	13%	N/A	5%	N/A	0%	N/A	5%	N/A
\$10,000-19,999	11%	7%	89%	93%	4%	N/A	8%	N/A	0%	N/A	10%	N/A
\$20,000-34,999	10%	7%	90%	93%	6%	N/A	4%	N/A	0.4%	N/A	4%	N/A
\$35,000-49,999	8%	7%	92%	93%	6%	N/A	2%	N/A	1%	N/A	2%	N/A
\$50,000-99,999	5%	4%	95%	96%	4%	N/A	1%	N/A	0.3%	N/A	2%	N/A
\$100,000 or more	6%	2%	94%	98%	5%	N/A	1%	N/A	0.3%	N/A	1%	N/A
Survey Average	10%	6%	90%	94%	5%	N/A	2%	N/A	0.4%	N/A	3%	N/A

2002 n=1687; 1992 n=1838

2002 DK/NR=11%; 1992 DK/NR=8%

* Note: 1992 and 2002 current drug users and non drug users are based on use of any illicit drugs within the last 12 months for comparison purposes;

2002 drug use levels (low/moderate/substantial/medicinal) based on DAST profiles.

Note: N/A is not available from 1992 data.

TABLE G-18
ILLCIT DRUG USE* BY UNION MEMBERSHIP

Union Membership	Current User		Non Drug User		Low Level Problem		Moderate Level Problem		Substantial Level Problem		Use with No Problem	
	2002	1992	2002	1992	2002	1992	2002	1992	2002	1992	2002	1992
Union	6%	7%	94%	93%	4%	N/A	2%	N/A	1%	N/A	3%	N/A
Non-union	9%	6%	91%	94%	5%	N/A	3%	N/A	0.3%	N/A	3%	N/A
Survey Average	10%	6%	90%	94%	5%	N/A	2%	N/A	0.4%	N/A	3%	N/A

2002 n=1449; 1992 n=1831

2002 DK/NR=23%; 1992 DK/NR=9%

* Note: 1992 and 2002 current drug users and non drug users are based on use of any illicit drugs within the last 12 months for comparison purposes;

2002 drug use levels (low/moderate/substantial/medicinal) based on DAST profiles.

Note: N/A is not available from 1992 data.

TABLE G-19
GAMBLERS* BY GENDER

Gender	Non Gambler	Non-Problem	Low Risk	Moderate Risk	Problem Gambler
Male	34%	56%	7%	2%	1%
Female	34%	59%	5%	2%	0.4%
Survey Average	34%	58%	6%	3%	1%

N=1891

* Note: Gambler profiles based on CPGI.

Note: Questions regarding gambling were not asked in 1992.

TABLE G-20
GAMBLERS* BY AGE

Age	Non Gambler	Non-Problem	Low Risk	Moderate Risk	Problem Gambler
18-24	34%	53%	9%	4%	1%
25-34	35%	56%	7%	2%	1%
35-44	33%	59%	6%	2%	1%
45-64	34%	60%	4%	2%	1%
65+ years	38%	50%	4%	4%	4%
Survey Average	34%	58%	6%	3%	1%

N=1886

DK/NR=0.3%

* Note: Gambler profiles based on CPGI.

Note: Questions regarding gambling were not asked in 1992.

TABLE G-21
GAMBLERS* BY MARITAL STATUS

Marital Status	Non Gambler	Non-Problem	Low Risk	Moderate Risk	Problem Gambler
Married	35%	58%	5%	2%	1%
Separated/Divorced	27%	64%	5%	4%	1%
Widowed	36%	46%	6%	6%	6%
Never Married	32%	55%	9%	3%	1%
Survey Average	34%	58%	6%	3%	1%

N=1882

DK/NR=0.5%

* Note: Gambler profiles based on CPGI.

Note: Questions regarding gambling were not asked in 1992.

TABLE G-22
GAMBLERS* BY EDUCATION

Level of Education	Non Gambler	Non-Problem	Low Risk	Moderate Risk	Problem Gambler
High school or less	31%	56%	8%	3%	2%
Some/completed college/technical school/university	29%	62%	5%	3%	1%
One or more university degrees	43%	52%	5%	1%	0.2%
Survey Average	34%	58%	6%	3%	1%

N=1885

DK/NR=0.3%

* Note: Gambler profiles based on CPGI.

Note: Questions regarding gambling were not asked in 1992.

TABLE G-23
GAMBLERS* BY INCOME

Gross Annual Household Income	Non Gambler	Non-Problem	Low Risk	Moderate Risk	Problem Gambler
Under \$10,000	42%	46%	10%	2%	0%
\$10,000-19,999	42%	42%	13%	3%	1%
\$20,000-34,999	35%	55%	4%	4%	2%
\$35,000-49,999	34%	56%	7%	2%	1%
\$50,000-99,999	30%	62%	5%	2%	1%
\$100,000 or more	32%	61%	5%	2%	0.3%
Survey Average	34%	58%	6%	3%	1%

N=1694

DK/NR=10%

* Note: Gambler profiles based on CPGI

Note: Questions regarding gambling were not asked in 1992.

TABLE G-24
GAMBLERS* BY UNION MEMBERSHIP

Union Membership	Non Gambler	Non-Problem	Low Risk	Moderate Risk	Problem Gambler
Union member	30%	62%	4%	4%	1%
Non-union member	34%	57%	7%	2%	1%
Survey Average	34%	58%	6%	3%	1%

N=1485

DK/NR=21%

* Note: Gambler profiles based on CPGI

Note: Questions regarding gambling were not asked in 1992.

TABLE G-25
SMOKERS* BY GENDER

Gender	Non-smoker	Non-daily Smoker	Light Smoker	Moderate Smoker	Heavy Smoker
Male	66%	5%	13%	8%	9%
Female	74%	2%	14%	6%	4%
Survey Average	70%	3%	14%	7%	6%

N=1879

DK/NR=0%

* Note: Smoker profiles based on consumption level and 11 Respondents were not profiled.

Note: Smoker profiles were not created in 1992.

**TABLE G-26
SMOKERS* BY AGE**

Age	Non-smoker	Non-daily Smoker	Light Smoker	Moderate Smoker	Heavy Smoker
18-24	52%	5%	27%	12%	5%
25-34	67%	5%	17%	6%	5%
35-44	71%	3%	12%	7%	7%
45-64	77%	2%	10%	5%	7%
65+ years	82%	0%	6%	3%	9%
Survey Average	70%	3%	14%	7%	6%

n=1874

DK NR=0.3%

* Note: Smoker profiles based on consumption level and 11 Respondents were not profiled.

Note: Smoker profiles were not created in 1992

**TABLE G-27
SMOKERS* BY MARITAL STATUS**

Marital Status	Non-smoker	Non-daily Smoker	Light Smoker	Moderate Smoker	Heavy Smoker
Married	77%	3%	11%	5%	4%
Separated/Divorced	61%	3%	16%	7%	13%
Widowed	65%	0%	6%	9%	21%
Never Married	56%	5%	21%	11%	7%
Survey Average	70%	3%	14%	7%	6%

n=1871

DK NR=0.4%

* Note: Smoker profiles based on consumption level and 11 Respondents were not profiled.

Note: Smoker profiles were not created in 1992

**TABLE G-28
SMOKERS* BY EDUCATION**

Level of Education	Non-smoker	Non-daily Smoker	Light Smoker	Moderate Smoker	Heavy Smoker
High school or less	60%	2%	17%	11%	10%
Some/completed college/technical school/university	67%	3%	16%	8%	7%
One or more university degrees	84%	5%	8%	2%	2%
Survey Average	70%	3%	14%	7%	6%

n=1872

DK NR=0.4%

* Note: Smoker profiles based on consumption level and 11 Respondents were not profiled.

Note: Smoker profiles were not created in 1992

TABLE G-29
SMOKERS* BY INCOME

Gross Annual Household Income	Non-smoker	Non-daily Smoker	Light Smoker	Moderate Smoker	Heavy Smoker
Under \$10,000	50%	7%	22%	11%	11%
\$10-19,999	55%	4%	19%	13%	9%
\$20-34,999	60%	2%	23%	8%	8%
\$35-49,999	67%	3%	13%	7%	10%
\$50-99,999	75%	3%	11%	5%	6%
\$100,000 or more	77%	4%	11%	5%	3%
Survey Average	70%	3%	14%	7%	6%

n=1690

DK/NR=10%

* Note: Smoker profiles based on consumption level and 11 Respondents were not profiled.

Note: Smoker profiles were not created in 1992.

TABLE G-30
SMOKERS* BY UNION MEMBERSHIP

Union Membership	Non-smoker	Non-daily Smoker	Light Smoker	Moderate Smoker	Heavy Smoker
Union member	76%	2%	13%	6%	5%
Non-union member	67%	4%	16%	7%	6%
Survey Average	70%	3%	14%	7%	6%

n=1452

DK/NR=23%

* Note: Smoker profiles based on consumption level and 11 Respondents were not profiled.

Note: Smoker profiles were not created in 1992.



Alberta Alcohol and Drug Abuse Commission
An Agency of the Government of Alberta

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ISBN 0-7785-2894-4